Chapter 2 …Infection Control

SECTION I - INFECTION CONTROL MEASURES

Initiation of the Emergency Infection Control Measures

Goal
When there is a reasonable certainty of a contagious disease representing a danger to consumers or to personnel, the ICS Committee shall have the authority to institute appropriate infection control measures.

Purpose
To protect consumers, visitors, and personnel from the hazards of infectious diseases acquired from others or the agency environment.

Identification and Reporting of the Hazard
The recognition and designation of persons with an infectious disease which might pose a threat to consumers, visitors, or employees, is the responsibility of physicians and nursing personnel. This manual contains the criteria, definitions, and appropriate preventive measures for identification and reporting of the hazard. These measures are initiated with the approval of the responsible physician or on the advice of the Infectious Disease Consultant as needed.

The Infection Control Safety Chair is to be notified if there is a question of potential infectious hazard to consumers, visitors, employees or the agency environment.

Initiation of Control Measures
The Nursing Supervisor or Safety Specialist, or, if unavailable, their designee, upon advice from the Medical Director and the Infectious Disease Consultant (if needed), renders a judgment of whether such a hazard or potential danger is present.

The existence of the infectious hazard and potential danger is discussed with involved physicians, nurses, and other personnel. In this emergency situation, the Nursing Supervisor or Safety Specialist, or, if unavailable, their designee, the infectious disease consultant if needed, and administrative designee, shall authorize and supervise initiation of the appropriate procedures to protect consumers and personnel.

Infection Control Surveillance
Surveillance is the systematic collection and analysis of information about nosocomial infections and dissemination of the results of monitoring to those who need to know. The purpose of monitoring is to determine various endemic rates of nosocomial infections so that increases above that level (epidemic) can be identified and investigated and appropriate prevention strategies can be initiated.

All day programs and North Country Residential include monthly surveillance for targeted infections to describe the risk related to populations or locations within the agency. Previous experience indicates that targeted surveillance provides more useful information than attempts at a total surveillance program. Certain infections (e.g., bacteremias) or certain pathogens (e.g., MRSA, VRE) may be monitored regularly.

The methodology of case findings is self-reported surveillance and CQI reports. Results will be shared with the Medical Director and affected programs, and includes consultation with the Infectious Disease Consultant when necessary. Surveillance is the responsibility of the Infection Control Safety Committee with the assistance and supervision of the Leadership Team.

Results of monitoring are reported periodically to the Infection Control and Safety Committee, Quality Improvement Council, Medical Director, and other committees or programs as indicated.

Guidelines for Restriction of Participation in Day Program

To ensure the health and safety of consumers receiving services and to mitigate the spread of communicable illness, these guidelines will be used to restrict a consumer's participation in day program services and psychosocial rehabilitation clubhouses. When program census (staff and participants) falls below 70% due to illness, information will be conveyed to the Program Director and, in consultation with the Nursing Supervisor or the Medical Director, decision will be made whether to close until such time as situation is resolved.

Definitions

1. Fever: A raised body temperature of 2 degrees above normal baseline or:
   - Greater than 100 degrees.
   - Greater than 99 when taken under the arm.
   - Greater than 101 when taken rectally.
2. Diarrhea: At least three watery stools within 24 hours.
3. Private Area: A location away from the other persons attending the day program while observable by direct care staff.

Procedure

Symptom Identification

1. Staff should observe consumers for symptoms of illness throughout the day. (See *Guidelines for Identification of Communicable Illness* chart on page 2-3.)
2. If symptoms of illness are identified, the consumer will be placed in a private area that minimizes contact with other people until the consumer can be transported to his/her place of residence.

Transportation

1. Staff must contact the residential provider or home and arrange for the consumer's transportation home.

   Residential providers must be available by phone or pager, or arrange for a contact person in cases of emergency or illness while the consumer is attending a day program.

2. Public transportation is discouraged due to possible transmission of communicable illness.

Documentation of Illness

1. Documentation of an illness observed at a day program will be recorded on the Client Infection Surveillance Sheet.
2. If a doctor's office visit is required, or has occurred (as indicated on the Symptoms of Illness reference sheet), a note from the doctor for return to the day program is required.

Communication between Day Program and Residential Providers

If the residential provider observes symptoms while the consumer is at home, the consumer shall remain at home and the home provider will call the day program to inform them of the consumer's absence. A call will be made each day that the consumer remains at home.

Guidelines for Identification of Communicable Illness

Symptoms	***Return to Program***
One of the following (unusual for individual):	
Fever Respiratory or head congestion (see page 2-4, *Respiratory Symptoms*) Cough Drainage that is yellow, green or rust colored Open draining wound Vomiting Diarrhea (watery stools)	24 hours after symptoms subside
Undiagnosed or untreated symptoms of pinkeye which includes most of the following:	
Pain and burning or itching of the eyes Redness and swelling of one or both eyes Redness of the white part of the eye Drainage, white, yellow or crusted eye	24 hours after treatment and after draining subsides
Untreated scabies or lice having the following symptoms:	
Red bumps on the hands, wrists or fingers Raised wavy line on the skin Eggs on the scalp of the head Direct observation of lice	24 hours after treatment
Medical diagnosis of the following:	
Measles Mumps MRSA Chicken Pox Whooping cough Pneumonia, bronchitis Strep throat Tuberculosis Hepatitis B	Physician approval
Draining, uncovered skin sores such as:	
Impetigo Cold sores Herpes lesion	Sore crusted or covered
Positive TB test with signs of active TB:	
Cough for more than three weeks Night sweats Weight loss	Physician approval
Immune-compromised illness	Physician approval
Person with cold-like symptoms unable to cover their mouth or use Kleenex when coughing (not allergy related)	When symptoms subside
Person with diarrhea and perianal digging of fecal smearing	When symptoms subside

General Criteria for Identification of Nosocomial Infections

Respiratory Symptoms
The person must have at least two of the following signs or symptoms:

- Runny nose or sneezing
- Stuffy nose (congestion)
- Sore throat, hoarseness, or difficulty swallowing
- Dry cough
- Swollen or tender glands in the neck
- Fever 2° over the person's baseline temperature

Influenza Symptoms
The person must have a fever on two or more occasions, at least twelve hours apart, with no known infection or infectious cause. Other symptoms may include the following:

- Chills,
- Headache,
- Sore muscles,
- Sore throat, or
- Dry cough.

Gastrointestinal Tract Infection
The person must have one of the following:

- Two or more loose stools above what is normal for that person in a 24-hour period.
- Two or more episodes of vomiting in a 24-hour period.
- Nausea and vomiting and abdominal pain or tenderness.

Eye and Mouth Infection

Conjunctivitis (Pink eye)
The person must have drainage appearing in one or both eyes or new eye redness with or without itching or pain.

Mouth Infection
The person must have a diagnosis from a physician. This includes oral candidiasis/thrush. (For Cold Sores, see Skin Infections).

Skin Infection

Contact Dermatitis (poison ivy)
Inflammation of the skin characterized by vesicles redness, edema, oozing, crusting, scaling and itching.

Herpes Simplex (including cold sores) and Herpes Zoster (Chicken Pox and Shingles)
The person must have vesicular rash and or physician diagnosis.

Impetigo
Inflammation of skin marked by isolated pustules, which become crusted and rupture.

Lice
Small nits are seen fixed to hair shafts around the occiput and behind ears.

MRSA (methicillin-resistant Staphylococcus aureus)
A dangerous type of staph bacteria that is resistant to certain antibiotics and may cause skin and other infections.

Scabies
The person must have a maculopapular and/or itching rash and a physician diagnosis.

Shingles (also called Herpes Zoster)
A severe infection caused by varicella zoster virus, affecting mainly adults. It causes painful skin blisters that follow the underlying route of brain or spinal nerves infected by the virus.

Skin Disorders
The person must have drainage present at wound, skin, or soft tissue or heat, redness or swelling at the affected site.

Ringworm (also called Tinea)
Fungal infection of the skin characterized by reddish patches, often scaly or blistered, with itching and soreness. The fungi are highly contagious.

Reporting Of Communicable Diseases to the Public Health Department
There are certain diseases which are required by state regulations to be reported to your local health department. These diseases are required to be reported by diagnosing physicians. The list of reportable diseases is available from the Community Health Agency and/or the Infection Control Safety Specialist. A partial list includes the following:

Requires prompt action. Report within 24 hours of diagnosis:

Botulism
Cholera
Confirmed Active Tuberculosis
Diphtheria
Hemophilus Influenza
Meningitis (meningococcal)
Plague
Poliomyelitis
Rabies (animal or human)
Viral hemorrhagic fever
Yellow fever

Unusual outbreaks of any disease, for example, food or waterborne outbreaks or poisonings or a significant increase in the rate of nosocomial infection, must be reported.

Report not later than 3 days from date of diagnosis:

Acquired Immunodeficiency
Amebiasis
Brucellosis
Campylobacter enteritis
Chancroid (other than meningococcal)
Dengue Encephalitis
Giardiasis
Hepatitis
Histoplasmosis
Influenza (outbreaks)
Lead Poisoning
Legionnaire's Disease
LeptospirosisLymph granuloma venereum
Malaria

Report not later than 3 days from date of diagnosis: (continued from page 2-5)

Meningitis, bacterial
Meningitis, viral
Mumps
Pertussis
Q Fever
Rheumatic Fever
Rocky Mountain Spotted Fever
Rubella
Salmonellosis
Shigellosis
Staphylococcal Infections (neonatal, first 28 days of live, mother or infant)
Toxic Shock Syndrome
Trichinosis
Typhoid
Typhus
Venereal Diseases
Syphilis, Gonorrhea, Granuloma inguinal

SECTION II – EMPLOYEE HEALTH

Work Restrictions for Communicable Diseases

Purpose
To prevent nosocomial spread of communicable diseases (as listed below) to consumers and staff within North Country Community Mental Health from staff with contagious illnesses.

Goal
Persons with communicable diseases who are susceptible and/or exposed to communicable disease shall be restricted from direct contact with consumers and staff when:

- Transmission of the diseases to the recipients of care or others in the workplace can occur in that particular job environment.
- The disease can cause serious illness.

Inclusions
North Country Community Mental Health staff, students, volunteers, and all persons who work within our agency. (Refer to page 2-1 Infection Control Surveillance)

Employees are to report diagnoses of communicable diseases to their immediate supervisor. Persons who have questions concerning the safety of consumers and staff by allowing an employee with a communicable disease to work may call the Nursing Supervisor. Guidelines for managing employees with communicable diseases are listed below.

Employees May Not Work In The Agency Environment	
Communicable Illness	Duration Of Restriction – Known Period Of Communicability
Chickenpox (Varicella zoster)	Until all vesicles are dried and crusted.
Shingles (Herpes zoster)	Patient contact is limited to immune consumers and lesions are covered.
Measles (Rubella, hard measles)	Until 4 days after rash appears.
Mumps	For 9 days after onset of swelling; less if swelling has subsided.
Rubella (German measles)	Until 5 days after rash appears.
Scabies or Pediculosis (Head lice)	Until 24 hours after initiation of appropriate treatment.
Tuberculosis	Until receiving appropriate therapy and clinical improvement. The employee is responsible for submitting to Human Resources documentation from the treating physician allowing the employee to return to work.
Influenza	Until 24 hours after fever has subsided or doctor's approval.
Upper Respiratory Infection	Employee to use own discretion unless fever accompanies congestion, then 24 hours after fever has subsided or doctor's approval.

Employees May Or May Not Require Work Restriction Due To Specific Acute Infections Or Carrier States.	
Group A Streptococcus Staphylococcus, coagulase positive	No restriction unless clearly associated with disease transmission.
Acute hepatitis B, or HBsAg positive Acute hepatitis C HIV positive or AIDS	Individual evaluation by treating physician. Work restriction will depend upon the employee's hygiene and preventing his/her blood and other body fluids from contacting others.
Neisseria meningitides (meningococcus)	No restriction or treatment for carrier state required; for acute meningococcal disease, including meningitis, employees would be too ill to work.
Amebiasis, Salmonella, Campylobacter, Shigella, Cholera, Worms/Parasites Hepatitis A	Food handlers are restricted. In other health care workers, evaluation by treating physician is necessary.

***Employees Should be Evaluated By Their Primary Care Or Treating Physician Regarding Ability To Work If They Have Any Signs Or Symptoms Of The Following Conditions*:**
Diarrhea Draining abscesses, boils Exudative dermatitis Herpes simplex (whitlow, stomatitis) Uncontrolled respiratory symptoms/infections Impetigo Influenza

Regulatory Reference: Washington Administrative Code (WAC) 248-100-186
Additional Reference: *Control of Communicable Diseases in Man,* American Public Health Association

SECTION III – CLEANING, DISINFECTION & STERILIZATION

General

Goal

The goal of reprocessing shared items is to achieve a level of cleanliness, disinfection or sterilization, which eliminates the risk of these objects as the source of microorganisms causing infections. Decisions regarding cleaning, disinfecting or sterilizing are based on the potential risk of infection associated with their use.

Procedure

Cleaning

- All objects to be disinfected or sterilized should first be thoroughly cleaned to remove all organic matter and other residue.
- Cleaning can be done manually (using friction) or mechanically (ultrasonic cleaners, washer-sterilizers).
- Whenever possible, cleaning in a washer is preferred.
- Manual cleaning is done by gloved personnel.
- Hinged items take special attention and inspection to ensure that debris has been removed.

Disinfecting

- Any surface (tables, chairs, countertops, etc.) and/or equipment (stethoscopes, hammers, toys, etc.) that touches intact skin when visibly soiled and before use with another individual should be thoroughly disinfected.
- Disinfection can be done with a bleach/water ratio of 1/10 or approved disinfecting wipes.
- To eliminate the chance of disinfection contamination, certain control measures are implemented.
  - The disinfectant is prepared correctly to achieve the manufacturer's recommended use-dilution.
  - Preparation is done using clean containers and in a clean work area.

Toy Cleaning

Practice

- Children who do not have airborne communicable diseases (e.g. measles, mumps, rubella, pertussis, chickenpox, influenza, TB) may use the toys provided in the waiting rooms.
- Toys that are shared between consumers are washed weekly by staff using a 10% bleach solution.
- Toys that are used in the waiting room or in therapy are washed after each use with soap and water or disinfecting wipe.
- Toys that cannot be cleaned are not used are sent home with child.
- Staff members share the cleaning responsibilities for toys in the waiting room.

Procedure

Dirty Toys Are Separated Into Three Categories

- Immersible toys have no moving parts, no hollow spaces, and a non-porous surface.

- Immerse, surface wash, and rinse immersible toys.
- Dry and replace toys in therapists' offices or waiting rooms.

○ Non-immersible toys have inside spaces, small openings, or hinges (e.g., dolls, cars) or are too large to be immersed (e.g., castles, slides).
- Wipe surface of non-immersible toys using a washcloth or disinfecting wipe.
- Wipe the surface thoroughly and clean all the nooks and crannies.

○ Uncleanable toys soak up water and are damaged by immersion (e.g., games, books, puzzles, activity books, stuffed animals).
- Uncleanable toys are discarded if soiled or wiped down with a damp cloth and ultimately sent home with the child.

○ Weekly Toy Cleaning will be documented in a Toy Cleaning Schedule (example below) to be maintained at each worksite where toys are used. Toy Cleaning Schedule form may be found under "Forms" on the NCCMH Intranet.

Weekly
Clean washable toys in a solution at a 1:10 ratio of bleach to water. Tumble-dry stuffed toys in the dryer for ten minutes.

Month/ Date	Waiting Room	Therapist Office 1	Therapist Office 2	Therapist Office 3
*Initialed in each column by person doing cleaning *				

Animals in the Agency

Purpose
The purpose of this policy is to govern the potential occurrence of animals in the agency for the purpose of maintaining order, preventing transmission of potential zoonosis, and to provide guidance for staff and visitors who may be involved in situations in which animals are present. While unlikely, transmission of diseases from pet animals to agency consumers or staff is theoretically possible. Conditions which have the potential to be transmitted include, but may not be limited to, ecto and endo parasites of dogs, such as fleas, round worms, and ringworm, toxoplasmosis in cats, *Chlamydia psittacosis* in birds, and salmonella from turtles and fowl. In addition, animals may also initiate allergic reactions in some people.

Definitions

Guide Dog
This term shall refer to a dog that is in working harness and is certified to guide blind or hearing-impaired persons by an accredited canine school that is engaged in this specific type of training.

Service Dog
This shall mean a dog that is certified to assist disabled persons by an accredited canine school is engaged in this specific type of training.

Therapy Animal
This shall refer to animals that are brought by specially trained professionals, para-professionals, and/or volunteers to provide opportunities for motivational, educational, recreational, and/or therapeutic benefits to enhance quality of life.

Pet Animal
This shall refer to any animal which belongs to a patient and whose presence in the agency is requested by the patient and his/her physician.

In general, pet animals will be excluded from the agency buildings unless there is a legitimate reason for them to be there. Employees are not to bring pets into an agency building.

Such reasons are presently limited to:

- Guide dogs for the blind and hearing impaired.
- Service dogs for other handicapped individuals whose presence is required for the benefit of the patient, visitor, or staff member.
- Pet Therapy animals.
- In the very limited number of cases where a patient's welfare is judged to be significantly enhanced by the presence of this pet, upon the recommendation of his/her physician and with the explicit agreement of the program supervisor where the animal will be present, an exception to the exclusion policy may be granted.
- Professionally maintained and documented fish aquaria, pre-approved by Program Director.

A trained handler or owner must accompany the animal at all times. A therapy or guide dog must have a responsible adult present who will be responsible for feeding, watering, toileting, and exercising the dog, and may be held responsible for the dog's behavior and health condition.

Any animal not clean and in apparent ill health or found to harbor parasites, may be excluded at the discretion of any staff member responsible for the care of consumers. Immunizations must be current and documentation of such must be available on request. Such vaccinations will include: Rabies, Canine Distemper, Canine Para Influenza, Canine Adenovirus type 1 and 2, Canine Leptospirosis, Canine Parvovirus, Canine Coronavirus, and Bordetella.

All animals will be restricted to the area of the agency where their presence is required. The rights of all other consumers, visitors, and staff not to have contact with the animal will be respected at all times. At no time will the animal be allowed to run loose or cause a disturbance. Any animal posing a threat to consumers, visitors, or staff because of odor, noise, health, temperament, or behavior will be removed from the premises.

In the event that an accident occurs, the owner/handler shall request assistance from the staff for appropriate disposal of animal waste. Soiled areas will be treated by using the standard method of cleaning and disinfection unless the area is carpeted, which will be cleaned using a professional carpet cleaning service. The presence of animals in the agency shall not lessen the standard of housekeeping or contribute to an objectionable odor.

Should an injury occur (scratch, bite, allergic reaction, etc.) standard agency injury protocols will be implemented and the supervisor will complete and file a CQI Report.

- All persons handling animals or animal products shall practice proper and frequent hand washing.
- The Infection Control Safety Committee must approve any pet therapy programs at NCCMH.

Approved pet therapy animals must have a health certificate provided by a licensed veterinarian within the past six months and a current license. This examination must include a fecal check, teeth and gum check, blood analysis, and cardiopulmonary exam. In addition, the animal must be certified free of infection, contagious disease, or dermatological conditions, including parasites. These records will be maintained by the pet therapy organization and must be available on demand.

Reference: *Delta Society of Agency Programs www.deltasociety.org*

Food Preparation and Storage for Consumer Consumption

Definitions

Damaged food goods
Fresh, canned, or frozen goods that are damaged, rusty, bulging, bruised, wilted, or decayed.

Equipment
Stoves, ranges, hoods, tables, counters, refrigerators, sinks, dish washing mechanisms, and similar items other than utensils used in the performance of food preparation.

Potentially Hazardous Food
Any food that consists in whole or in part of milk or milk products, eggs, meat, poultry, fish, shellfish, edible crustaceans, or other ingredients, including synthetic ingredients, in a form capable of supporting rapid and progressive growth of infectious or toxigenic microorganisms is considered potentially hazardous.

Sanitize
Effective bactericidal treatment of clean surfaces and utensils by a process which has been approved by the health authorities as being effective in destroying microorganisms, including pathogens. An effective sanitizing solution is one-tablespoon chlorine bleach to one gallon of 70 degree F water.

Disposable Utensils
Cups, containers, lids or closures, plates, knives, forks, spoons, straws, napkins, wrapping materials, and all similar articles which are constructed wholly or in part from paper, foil, wood, or plastic, which are intended by the manufacturers and generally recognized by the public as for one time usage.

Utensils
Any tableware and/or kitchenware used in the storage, preparation, conveying, or serving of food.

Food Sources
According to the specific needs, food shall be purchased to meet the nutritional needs of all consumers. Food must be stored and prepared on premises unless the contracting agency agrees otherwise. Food items to be served will be labeled with date, heating, and serving instructions. Food shall be in sound condition, free from spoilage, filth or other contamination and will be safe for human consumption. Damaged food goods shall not be purchased. All purchased foods shall be obtained from identified approved sources.

Meat, Canned Goods, and Frozen Foods
Meat, canned goods, and frozen foods shall be from government-inspected sources.

Milk and Milk Products
Milk and milk products must be pasteurized and be graded “A.” Dry milk may be used for cooking and baking purposes. It may not be mixed with water and used as a beverage.

Canned Foods
All canned foods must be from commercial sources. No home canning is allowed due to hazards involved; however frozen foods are allowed.

Food Storage
All foods shall be stored at temperatures that will protect against spoilage. Staple items shall be stored in a clean, dry area that is free of vermin.

Freezer Storage
Freezer storage must be at 0° F or below. An accurate thermometer shall be provided and kept in each refrigerator and freezer to ensure they are functioning properly. A thermometer with a 1-inch face and a temperature range from 0 degrees F to 220 degrees F should be used frequently to test the temperature of food. It is very important when holding hot and cold food to check the temperatures of the food frequently during food preparation and service.

Leftover Storage
Leftovers will be labeled and stored in refrigerator immediately after serving and consumed within 72 hours. Leftovers may be frozen and used within one week. If not used, frozen leftovers will be disposed of in one week.

Cooking of Potentially Hazardous Food
Potentially hazardous foods, as listed below, are to be cooked according to the following recommended internal temperature. Re-heat all potentially hazardous foods to an internal temperature of 165°F.

Poultry
Poultry, poultry stuffing, stuffed meats and stuffing containing meat should be cooked to an internal temperature of 180°F.

Pork
Pork and foods containing pork should be cooked to an internal temperature of 170° F.

Rare beef
Rare roast beef and rare beefsteak should be cooked to an internal temperature of 130°F.

Ground Meat
All ground meat must be cooked until juice runs clear.

Frozen Foods
All potentially hazardous frozen foods will be thawed in the following manner:

- Under refrigeration at 36°- 40° F, or
- Under running water with a temperature of 70°F, or
- In a microwave oven, or
- During cooking.

Egg Products
Liquid, frozen, dry eggs, and egg products shall be used only for cooking and baking purposes. Serving of raw eggs is not permitted.

Raw Fruits and Vegetables
Raw fruits and raw vegetables shall be thoroughly washed with potable water before being cooked or served.

Food shall be examined before use to determine presence of spoilage, contamination, mold, infestation, malodor, etc. If any of these conditions are present, the food shall be discarded.

Kitchen Cleaning and Sanitation
The dining area shall be clean and provide sufficient space to accommodate all persons consuming the meal.

Dishwashing
Dishes, flatware, utensils and adaptive feeding devices shall be washed in dishwasher or by the Department of Public Health's approved method for hand dishwashing. Dishes and flatware must be prepared properly for washing, whether using a dishwasher or using hand dishwashing method.

Preparation
Preparing the dishes and flatware to be washed can be done by following these steps:

- Scrape food from plates and bowls into garbage disposal or garbage can.
- Pre-rinse all items to remove gross food soil. If the wash water is kept clean, the detergent can be kept at levels needed for proper cleaning and will work more effectively.
- Separate glasses, flatware, china, and trays either into racks, cylinder, baskets, or stacks.
- Stack like pieces together for easier racking or hand washing.
- Soak silverware and dishes that have hard-to-remove food on them such as egg, cereal, potato, and some casserole items. Flatware should not be soaked longer than 15 minutes. Long soaking causes pitting in stainless steel flatware.

Dish Washing By Machine
Load and operate according to manufacturer's direction.

Dish Washing By Hand
All utensils must be washed this way if the dishwasher is not used. Wash dish compartments with hot water detergent or soap before beginning the dishwashing. There must be a three-compartment sink (or two-sink compartment with a tub that may be sanitized used for the third compartment). Water in all sinks should be hot and clean. Frequent changing of water may be necessary:

Order for washing dishes:
1. Glassware
2. Silver
3. Plates, cups, saucers, etc.

Procedure

- Wash dishes and utensils in first compartment of sink.
  - Use proper amount of detergent and water temperature above 110 degrees F.
- Rinse dishes in fresh hot water (140 degrees F) in the second compartment of the sink.
  - Place dishes in a long handled basket and move up and down in the rinse water.
  - If a long handled basket is not available, remove dishes from wash sink by using tongs or rubber gloves.
  - Allow dishes to remain in the sink rinse for several minutes.
- Sanitize dishes and silverware in the third sink containing warm water and approved sanitizing solution (1 tablespoon of bleach per gallon of water).
  - Submerge dishes for at least two minutes – Note – bleach may be corrosive to aluminum if left in solution for a prolonged period of time.
- Remove basket or remove dishes with rubber gloves and place on a clean surface to dry. Do not use a towel to dry dishes.
- Wash brush, sponge, etc. in clean water containing detergent. Wash, rinse, and sanitize drain boards and sinks.
- Check dishes for cracks before putting away and dispose of cracked ware.

Kitchen Equipment and Work Surfaces
Kitchen equipment, utensils, and work surfaces shall be designed to facilitate cleaning. They shall be kept in good repair. A cleaning schedule will be prepared and followed on a consistent basis to ensure that all appliances, equipment, windows, sinks, walls, doors, floors, and storage areas are

maintained in a clean and sanitary manner. The following procedures will be followed in order to accomplish this:

Procedures

- Floors will be swept and damp-mopped every day. Carpeting in the kitchen and dining areas is discouraged; however, if it is there it must be vacuumed daily and shampooed every six months in order to keep it clean, disinfected, and free of odor.
- All tables, countertops, and range tops must be cleaned after each meal and as necessary.
- Spills or splatters will be wiped up as they occur in refrigerators and ovens.
- Appliances will be thoroughly cleaned once a week including refrigerators, ovens, microwave ovens, etc.
- Cupboards and drawers must be cleaned weekly.
- Walls and windows must be cleaned annually or more frequently as needed.
- Food containers including canisters, salt and pepper shakers, etc., will be cleaned weekly or as necessary.
- Dining room chairs, kitchen stools, etc. will be cleaned daily or after each meal as necessary.

General Guidelines and Restrictions

- Disposable eating or drinking utensils or dishes shall be stored, handled, and dispensed in a sanitary manner and shall be used only once.
- The kitchen shall be restricted to food preparation activities when meals are being prepared and served.
- All staff and consumers involved in food preparation shall wash their hands with soap and dry them with a paper towel before beginning food preparation.
- Poisonous or toxic materials shall be used in a manner and under such conditions that will not contaminate food or constitute a hazard to people.
  - A separate area for storage of poisonous or toxic materials and cleaning materials shall be provided away from the preparation, meal service, and food storage areas.
  - Containers of poisonous or toxic materials shall be prominently and distinctly labeled for easy identification of contents.
- Garbage and trash shall be kept in leak-proof, non-absorbent containers with tight fitting lids prior to disposal. Trash containers shall be maintained in a clean sanitary condition.
- Appropriate housekeeping procedures shall be practiced to avoid pest infestation. Pest infestations that do occur shall be eliminated by appropriate methods. Use of poisons for extermination is prohibited by staff.
- Animals shall be excluded from the kitchen and dining area during food preparation and mealtimes.
- Individuals having symptoms of a communicable disease or open wounds shall not work in any capacity in food preparation or service if there is a likelihood of contaminating food or food contact surfaces or other persons' body fluids.
- Individuals must wear clean garments. Hair shall be effectively restrained during meal preparation. Individuals that have inadequate hygiene shall be supervised when helping in any manner with food preparation or clean up.
- Dishes and eating utensils will be handled correctly with staff refraining from touching rims of glasses, cups, bowls or any part of the eating utensils where the mouth may touch.
  - All table service must be handled in such a way as not to contaminate the part of the tableware that is placed into the mouth or the part from which food is eaten. If consumers assist in setting the table or emptying the dishwasher, provide them correct instructions and supervise them as needed to ensure compliance with these recommendations.

SECTION IV - BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN

Introduction

On December 6, 1991, the Occupational Safety and Health Administration (OSHA) published a final rule on Bloodborne Pathogens effective March 1992 (29 CFR 1910.1030). Copies of the federal Bloodborne Pathogens Standard and the state regulation, WAC: Part J, *"Biological Agents"* are available at these websites online. In November 1999, a NIOSH Alert, *"Preventing Needlestick Injuries in Heath Care Settings"* was published to promote use of improved engineering controls to reduce needle stick injuries. Ultimately, the Needle Stick Safety & Prevention Act was signed and a revised national standard was published in the Federal Registry effective April 2001.

The purpose of these rules and regulations is to minimize or eliminate occupational exposure by healthcare workers to bloodborne infectious agents such as HIV, hepatitis B, and hepatitis C. This rule applies to all NCCMH employees and volunteers who may be exposed to blood or other potentially infectious materials in the workplace. Occupational exposure means reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's regular work duties.

This plan summarizes the elements of the infection control and employee health programs that are important in reducing or eliminating occupational exposure. A combination of engineering and work practice controls, use of personal protective clothing and equipment, training, and medical surveillance are effective strategies and are outlined in this plan. Additional details may be found in other sections of this manual.

This plan is updated using feedback and input from staff, incident report summaries, consultations with the Medical Director, Health Services, Risk Management, and referrals from committees or programs.

Methods of Compliance

Body Substance Isolation

Universal Precautions + Standard Precautions
Summary of Key Elements of Body Substance Isolation (BSI)
Infection precautions place a barrier of plastic, rubber, or other material (gloves), fabric (gowns), or paper (masks) between potentially infectious body substances and the caregiver.

- All humans have potentially infectious agents in pus, feces, and sputum/saliva.
- Many people also have potentially infectious pathogens in blood, urine, and other body fluids, tissues, and substances.
- Precautions to prevent transmission of these potentially infectious agents are practiced with all consumers, not only those who have diagnosed infections.

Effective infection control precautions provide protection to both consumers and healthcare providers. Whenever precautions are used to protect healthcare providers (i.e., gloving for touching a patient's mucous membranes), the impact on the patient must be considered and protection of both accomplished (i.e., using fresh clean or sterile gloves immediately before touching the patient's mucous membranes).

A consistent approach to managing all body substances, including blood, from all consumers is essential to prevent transmission of all infectious agents.

Practices

The following practices are used for all consumers at all times to prevent transmission of infectious pathogens to consumers and to healthcare workers:

- Healthcare providers put on clean or sterile gloves just before contact with mucous membranes or non-intact skin for all consumers.
  - When direct contacts with moist body substances (blood, pus, sputum, urine, feces, saliva, etc.) from any patient is likely, gloves are worn.
- Personnel gathering trash and personnel who hand-clean soiled items and equipment wear heavy latex gloves or suitable alternative gloves.
- When soilage of clothing or bare skin by body substances is anticipated, a gown or apron is worn.
  - If a gown or apron becomes penetrated by body substances, it is removed immediately or as soon as possible.
- Selection of body covering is based on anticipated volume of body substance, duration of contact, and rubbing/friction of body substance into the covering.
- When splattering of body substances to the face is anticipated (to facial skin, eyes, nose, mouth), appropriate face wear is worn.
  - When splatter to the face is expected, it is important to cover the face entirely.
  - Face-wear includes glasses/goggles with side shields and masks with upper face shields.
  - Face-wear is needed when draining body fluid collection containers.

Hand Washing

Hand washing remains the most effective method of infection control and is done:

- After handling used equipment.
- Between contacts with different consumers.
- After using the bathroom.
- When hands are soiled.
- Before eating.
- Immediately after gloves or other barriers have been removed.
  - Hand washing after glove removal is important since some gloves may have undetected holes and my not completely prevent hand contamination.

Hand washing can be done using soap and running water or by using an alcohol gel provided in the clinical areas.

- Alcohol gels should not be used when hands are soiled.
- If hands are soiled, they should be washed with soap and water.

Following Accidental Contact Exposure of Any Body Substance to the Employee's:

Skin

- Wash the exposed area immediately, or as soon as reasonably possible, with soap and running water for at least 20 seconds.
- If skin is not intact and was exposed to blood, seek medical attention.

Eyes or other mucous membranes

- Flush with normal saline or water immediately, or as soon as reasonably possible, for at least 20 seconds.
- Report body substance exposures to ICS Committee Chair.

Handling and transporting of soiled and/or wet linen

- Soiled linen is bagged in standard cloth linen bags at the point of use.
- Wet linen that is likely to leak through cloth bags is first placed into a plastic leak proof bag, then into a cloth linen bag that identifies it as laundry.
- Patient clothing infested with lice or scabies are placed in plastic bags to contain the parasites.
- Transporters wear gloves and laundry workers gloves and gowns when handling all soiled linen.

Handling and transporting of waste

- General waste is placed into plastic-lined cans.
- Waste with body substances in an absorbed form is considered to be general waste if it is in a leak proof bag (i.e., gloves, gowns, masks, dressings, emptied collection containers, etc.); these items are placed into waste containers.
- Infectious/biomedical wastes (defined in the Waste Management section) are handled in a separate waste system; infectious/biomedical waste is placed in special biohazard labeled containers, collected and transported to designated collection sites.

Cleaning is performed in a standard and consistent manner. Disinfectant and spill clean-up equipment are available at each site.

- Prompt clean-up of body substance spills is done by gloved personnel using a germicidal disinfectant and safe procedure.
- Cleanup of broken glass is not done by hand; a dustpan and broom are used.

Engineering and Work Practice Controls
Engineering controls are measures that isolate or remove a bloodborne hazard, and include self-sheathing needles and needle devices that contain built-in safety features.

Private rooms will be made available for consumers with airborne communicable diseases when necessary. This will be determined on a case-by-case situation. For consumers who consistently soil the room and articles in the room with body substances, protective covers/pads will be made available for consumers use and the protection of others.

Needle/Sharps Management
Needles and sharp objects are handled to minimize risk of inadvertent puncture or other injuries. All used sharps are considered contaminated with potentially infectious materials.

Patient Notification

- Let consumers know what is about to happen and what you want them to do or not do.
- Sudden movements from startled consumers add to the risk of injury.

Recapping and handling of used needles

- Routine recapping of used needles is avoided.
- Whenever recapping is necessary, it is done using a one-handed recapping technique.
- Used needles and other sharps are not cut, bent, sheared, broken, removed, or otherwise manipulated by hand.
- If a used needle needs to be removed from a syringe, forceps or other sharps removal devices are to be used.

Passing of needles

- For procedures which involve passing of needles or other sharps, the passer places the sharp on a surface or neutral zone (tray, basin, etc.) for the recipient to pick up rather than use hand-to-hand passing.
- If this is not possible, then visual or verbal communication is used before passing.

Disposal of Sharps

- All used sharp objects are separated from general waste by placing them into special puncture resistant red or biohazard-labeled, leak proof containers located near the point of use.
- When ¾ full, these sharps containers are sealed, replaced, and transported to the infectious/biomedical waste disposal site listed below.
- Do not dispose of sharps in waste cans or leave them hidden in pockets.

The following North Country CMH location will be used for the pick-up of medical waste in need of disposal:

Administration	1420 Plaza Drive	Petoskey, MI 49770

Safer Medical Devices

Certain safer medical devices (i.e. self-sheathing needled syringes) are available through our medical supply procedures and are recommended for use. Self-sheathing needles are available and are to be primarily used. Self-sheathing needles can still cause needle sticks before the safety feature is engaged.

As new and safer medical devices become available from manufacturers, assessment of the benefit of these devices and decisions regarding their systematic implementation are managed through the Health Services Committee. The Health Services Committee is composed of nurses and the Medical Director. If you have safer product alternatives to suggest, safer work practice ideas, or wish to report problems with any safety device or other needlestick hazard, contact Health Services, the ICS Committee, or the nursing supervisor.

Hand Washing

Hand washing facilities are readily accessible. Plain soap or an antiseptic soap is available at each sink. Proper hand washing includes the use of running water allowing the water to run distally down the arm or hand, soap, and a friction-creating technique making sure to clean all surfaces of the hands and fingers for 20 seconds.

Hands should be washed…

- Before and after consumer contact.
- After handling used equipment.
- After using the bathroom.
- Before eating.
- After gloves and other barriers have been removed.
- Whenever the hands are soiled.
- If hands are inadvertently soiled with body substances hand washing is done as soon as reasonable possible.
- Alcohol-emollient gel is also available for hand cleansing and can be used except when hands are soiled.
- When hand-washing facilities are not available an antiseptic hand cleanser or towelette containing an alcohol-emollient solution (i.e., Hibistat, Calstat, or Cionex) may be used to clean the hands.

RN's are available for consultation to employees with broken skin or hand dermatitis.

Membrane Exposure Prevention
To avoid accidental inoculation of mucous membranes with blood and body substances, certain activities are not done in work areas where there is a reasonable likelihood of occupational exposure. Eating, drinking, using tobacco products, applying cosmetics or lip balm, handling contact lenses, and other activities that involve placing any article in the employee's mouth, eyes, or nose are not done in these work areas.

Examples of such work areas include consumer rooms during touch-contact consumer care, housekeeping closets, and other similar areas.

Procedures involving blood or other body substances are done in such a way that minimizes or eliminates spraying, splashing, splattering, or generation of aerosol droplets of these substances. When possible, engineering controls, such as protective splatter shields, are used in areas performing these procedures.

Mouth pipetting or mouth suctioning of blood or other body substances is prohibited. In CPR situations pocket masks and other ventilation devices are used to eliminate the need for direct healthcare provider mouth-to-mouth contact during CPR ventilation. Resuscitation items are available at each site or in other designated areas.

Personal Protective Equipment
Personal protective equipment (PPE) is any barrier worn by healthcare providers to eliminate direct touch contact with body substances. PPE is selected by the healthcare provider as appropriate to the task and procedure. To be appropriate, PPE must prevent blood or other body fluids/substances from soaking through to the user's clothes, skin, eyes, nose, mouth, or other mucous membranes under normal conditions of use and for the duration of time for which the PPE will be used.

PPE includes, but is not limited to, gloves, gowns, aprons, laboratory coats, face shields, masks, and eyewear. Appropriate PPE in a variety of sizes and materials is readily accessible in the work area. PPE is provided, cleaned, repaired, replaced, and/or disposed of by NCCMH at no cost to the healthcare provider.

Disposable PPE is removed immediately following completion of the task or procedure and discarded into the general waste. Healthcare providers do not take home PPE which is soiled with blood or other body substances for cleaning or laundering.

A list of stocked PPE at NCCMH that are available routinely or by special order is available from the Safety Specialist. Latex-free gloves and other PPE are available upon request.

Gloves
Gloves provide a barrier between the hand and contamination.

Gloves are put on:

- Immediately before contact with any patient's mucous membranes.
- Immediately before contact with any patient's non-intact skin.
- Any contact with moist body substances.
- When handling or touching surfaces or items contaminated with body substances.

Hands should be thoroughly dry before donning latex gloves as additional moisture due to perspiration inside the glove has been shown to decrease the barrier integrity of latex, especially during extended wear. Whenever possible, latex gloves should not be worn for longer than one (1) hour at a time. Vinyl and Nitrile gloves are also available.

If gloves become torn, punctured, or the barrier ability is compromised, they are replaced as soon as possible. Disposable gloves are not washed or decontaminated for reuse. Utility gloves can be decontaminated for reuse if they are intact. Utility gloves, which are torn, punctured, or deteriorated, are discarded.

Cotton glove liners are available at any employee's request. For individuals with allergies or sensitivities to glove materials, alternate latex-free gloves are available through the medical supply purchaser.

Protective Clothing
Disposable gowns, aprons, laboratory coats, or other protective clothing are available in the work areas and are to be worn when exposure of healthcare provider clothing or skin is anticipated.

Face Wear
When splash, splatter, spray, or droplet aerosols of blood and other body substances is likely to occur, face protection that covers the entire face is worn. Available face protection includes masks with and without eye shields, plastic face shields, and glasses/goggles with side shields.

Worksite Conditions

Routine Environmental Cleaning and Disinfection
The primary responsibility for maintaining the worksite in a clean and sanitary condition rests with the Office Manager who contracts the cleaning. Sometimes, however, this responsibility is shared with each individual staff member.

A schedule for routine area cleaning including floors, walls, curtains, carpets, windows, and surfaces in each area is maintained.

- All bins, pails, cans, and similar receptacles intended for general and infectious waste are decontaminated on a regular schedule or as soon as possible if visibly soiled.
- Equipment, environmental, and working surfaces are cleaned and decontaminated after contact with blood or other body substances using an approved environmental disinfectant.
- Approved environmental disinfectants are available from the medical supplies purchaser.
- For general purposes, the approved environmental disinfectant is a generic quaternary ammonium compound.

Consultation regarding selection of an appropriate environmental disinfectant can be done upon request through the ICS Committee.

Protective coverings, such as plastic wrap, aluminum foil, or fluid-proof absorbent paper may be used to cover equipment and environmental surfaces; they are replaced when visible soilage is present and at regular intervals.

Spill Clean-up

- Clean-up of spills or other environmental soilage with blood and other body substances is done as soon as possible by gloved personnel using an approved environmental disinfectant.
- When the spill involves sharps or broken glass, it is done using appropriate tools such as a dustpan and brush, forceps, or tongs.
- Clean-up supplies are available in the custodial closets or other designated locations in each work area or from the medical supply purchaser.

Laundry

- All used laundry is handled as contaminated.
- Used, soiled laundry is not shaken out but is rolled and handled with minimum agitation.
- All soiled laundry is bagged in the work areas where it was used and placed in the laundry room.
- All dry, used laundry is bagged in standard laundry bags available.
- Heavy, wet laundry is placed into plastic, leak-proof bags and then placed in the standard cloth laundry bags.
- Linen that is wet and cannot be absorbed by the surrounding dry linen, and thus leaks through the cloth bag, is first bagged in plastic and then placed into a standard cloth laundry bag to identify it as linen.
- Bagged, soiled laundry is collected from the rooms by gloved personnel and transported to the laundry room. All laundry containers are plastic covered.

Waste Management

Wastes, which present potential infectious exposure hazards to agency waste handlers and the general public, are identified, handled, and disposed of in a safe manner consistent with the recommendations of advisory and regulatory agencies. A variety of terms are used by federal, state, county, and city regulatory agencies to describe agency waste. These terms include regulated waste, biomedical waste, infectious waste, and general medical waste.

- Discard live and attenuated vaccines and wastes from production of biologicals and serums.
- Blood, blood products and other body fluids in free flowing form are discarded in their containers into large, biohazard-labeled red bags.
- Needles and sharps waste (capable of causing punctures or injury) management:
  - Needles and sharps waste are discarded into rigid, biohazard-labeled, plastic sharps containers by the user. These wastes include, but are not limited to:
    - Needles and syringes with needles attached.
    - Lancets

Sharps containers are assessed by nursing and other departmental staff and replaced when ¾ full. Used sharps containers are transported to designated receiving area by nursing staff or designated individual.

- Liquid waste is discarded into the sanitary sewer system whenever possible.
- Waste collection and disposal is the responsibility of the nurse according to approved procedures. Waste handlers and transporters wear gloves when handling wastes.

Infectious Waste - Wet **Placed into RED Biohazard Bags**	**Dry Regular Solid Waste / Other Trash Goes into solid waste trashcans or recycling containers.**
Grossly bloody materials that are saturated or dripping with blood/body fluids. Drainage containers containing blood or body fluids/substances i.e. colostomy or ileostomy bags. Specimen containers with any body fluids, tissues, or body substances.	Used disposable barriers (gloves, gowns, masks) not dripping with blood or body substances. Soiled disposable chux and diapers. Disposable patient items (toothbrushes, bath basins, tissues, etc.)
Sharps Containers Do NOT overfill containers.	Questions??? Contact your supervisor or ICS Committee member.

Hepatitis B Vaccination
HBV vaccine is recommended for all employees with potential occupational exposure. Healthcare workers who decline the vaccine are required to sign a waiver.

- Hepatitis B virus (HBV) vaccine is available at no cost to all NCCMH employees and volunteers who have potential for occupational exposure.
- The vaccination series is offered initially at the time of new employee orientation.
- The vaccine remains available throughout the duration of the healthcare worker's employment at NCCMH if at a later time the healthcare worker decides to accept it, and is arranged through Human Resources.

Employee health records are maintained confidentially.

Post-Exposure Evaluation and Follow-Up
Whenever an exposure incident occurs, it is the responsibility of the employee to act immediately and to initiate evaluation and follow-up by going to the nearest Emergency Department or agency approved physician or medical care facility.

Employee Follow-up
When an exposure incident occurs, confidential post-exposure counseling and testing of the exposed employee is provided by NCCMH. The employee can expect collection of blood for hepatitis B (HBV), hepatitis C (HCV), and HIV to be accomplished as soon as feasible and tested with informed consent and pre-test counseling.

- All individual employee health records are kept confidential and are not disclosed or reported without the employee's written consent to any person except as required by law.
- These records are maintained for at least the duration of employment.
- A sharps injury log is maintained by Health Services to ensure employee privacy and to document type and brand of device involved, location of the incident, and a description of the incident.
- Employee health medical records are provided upon request for examination and copying to the subject employee, to anyone having written consent of the subject employee and to appropriate regulatory agency representatives.

Source Patient/Individual Follow-up
Post-exposure procedures involving the source patient is arranged by the nursing supervisor or in his/her absence the Medical Director, including pre-test counseling, consenting, and confidential HBV, HCV, and HIV testing. If the HBV, HCV, and/or HIV status of the source patient is already known, further testing is not necessary. Results of the source patient's tests are made available to the exposed employee and the employee is informed of pertinent regulations and laws concerning disclosure of the identity and infectious status of the source individual.

Flowchart for Reporting Bloodborne Pathogen Exposures
If exposed to blood or PIM* via:

- Skin punctured with needle or other contaminated sharp laceration
- Splashes of body fluids to eyes, mouth or nasal membranes
- Mouth-to-mouth resuscitation without mask
- Exposure of broken skin to body fluid (blood, wound drainage, etc.)
- Bites or scratches that break the skin

You must:

- Wash broken skin with soap and water for 5 minutes and cover with sterile bandage.
- Flush eye or nasal membrane with eyewash or steady stream of water.
- Rinse mouth with mouthwash or water.
- Notify Supervisor (or appoint a proxy to notify Supervisor if unable).
- Seek medical attention as directed by a medical professional or NCCMH Medical Director.
- Complete CQI form when able.

Supervisor

- Notifies Medical Director or NCCMH doctor on call.
- Ensures CQI Indicator and Staff Injury Report have been completed and notifies Human Resources.

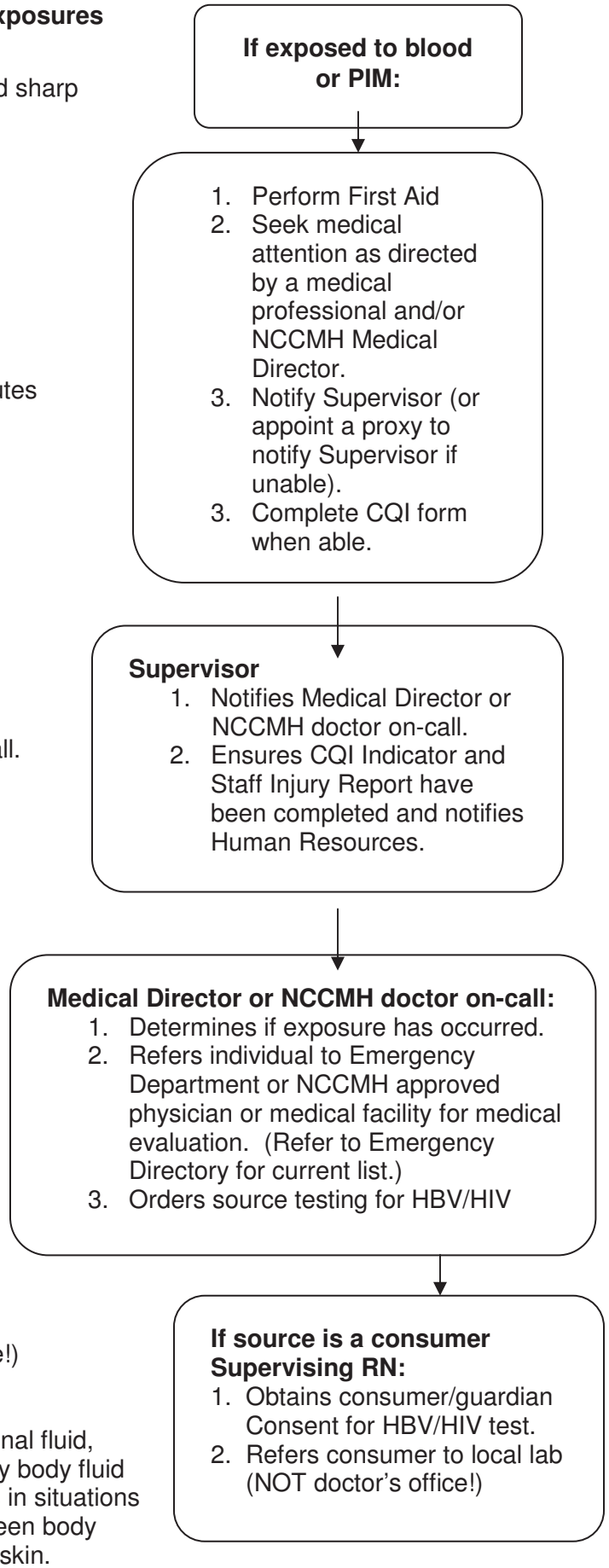
Medical Director or NCCMH doctor on-call

- Determines if exposure has occurred.
- Refers individual to Emergency Department or NCCMH approved physician or medical facility for medical evaluation. (Refer to Emergency Directory for current list.)
- Orders source testing for HBV/HIV if indicated. Testing to be done at local hospital labs.

If source is a consumer – Supervising RN

- Obtains consumer/guardian consent for HBV/HIV test. Specify results to be released to exposed person and NCCMH only.
- Refers consumer to local lab (NOT doctor's office!)

***PIM – Potentially Infectious Materials**
Semen, vaginal secretions, amniotic fluid, cerebrospinal fluid, peritoneal fluid, pleural fluid, synovial fluid, saliva, any body fluid that is visibly contaminated with blood, all body fluids in situations where it is difficult or impossible to differentiate between body fluids. Any unfixed tissue or organ, other than intact skin.



Communication of Hazards

Consultation Regarding Infection Control Issues
When an infection issue or concern is identified, the area supervisor should be initially notified for resolution. If resolution is not obtained, consultation with Health Services or ICS Committee is available. Referral to the appropriate committee, including ICS or Risk Management, is also an option available to employees.

Biohazard Signs and Labels
Biohazard warning labels are attached to:

- Containers for regulated wastes.
- Refrigerators, freezers, or other storage areas.
- Containers used to mail or ship potentially infectious materials.

Biohazard labels are either an integral part of the container or are affixed to the container by string, wire, adhesive, or other method that prevents their loss or unintentional removal.

Biohazard labels include the universal biohazard symbol  and are florescent orange or orange-red with lettering and/or symbols in a contrasting color. These labels are not required for individual containers of blood or other body substances that are placed in a larger, labeled container during storage, transport, shipment, or disposal.

SECTION V - TUBERCULOSIS CONTROL PLAN

Tuberculosis Control

Purpose

- Provides mechanism of screening new employees for prior exposure to TB.
- Provides mechanism for referring employees and persons receiving services who demonstrate evidence of prior exposure for medical evaluation to rule out active disease.

Testing and Surveillance

Employees and New Hires
All newly hired employees will be required to provide NCCMH with a statement from their physician or local Health Department, or NCCMH will provide them with testing prior to beginning employment, certifying freedom from Tubercular Disease.

- If the employee/new hire has never been tested for Tubercular Disease in the past, a second TB skin test is to be completed within three weeks of first skin test.
- Employees will be required to undergo testing for TB on an annual basis and the results will be kept in their medical file.

Employees exposed to a case of TB (whether employment related or not) will be required to undergo a TB skin test immediately unless they have documented previous significant reaction.

- Those tested after exposure to TB who demonstrates a negative TB skin test will be required to be re-tested 10 weeks after exposure.
- The cost of Tuberculosis testing required as a result of an employee's exposure to TB while performing a NCCMH function will be reimbursed by the agency.
- Employees exposed to Tuberculosis in the course of activities performed outside the NCCMH employment setting will assume financial responsibility for any testing required.

Employees whose skin tests convert from negative to positive at any time after hire will be required to provide a physician’s statement or Health Department certification of freedom from active disease.

All cases of known or suspected exposure of a NCCMH employee to TB during the performance of a work related activity will be reported to the employee's immediate supervisor, agency Medical Director, and the Nursing Supervisor.

Counseling related to agency protocol for TB exposure, follow-up testing required, and referral to appropriate medical resources will be provided to the exposed employee by the ICS Committee nursing personnel and documented as such in the employee’s medical file.

All cases of Tubercular Disease occurring within the agency will be reported to the agency Medical Director and the local Health Department.

Consumers
All persons receiving services will be encouraged to receive TB testing as appropriate.

- Positive reactions will be referred appropriately.
- All individuals who demonstrate evidence of prior exposure will be referred to their physician or the Health Department for medical work up and treatment if necessary.