

POLICY NAME:	STANDARD PRECAUTIONS	POLICY NO:	HH-4.03
SECTION:	Surveillance, Prevention and Infection Control	<input checked="" type="checkbox"/> New <input type="checkbox"/> Revised	Original Approval Date: 01/01/2015
			1st Revision Date:
			2nd Revision Date:
RELATED FORMS:		3rd Revision Date:	

POLICY:

- Standard Precautions combine the features of universal precautions and body substance isolation. Standard Precautions apply to all patients regardless of their diagnosis or suspected infection status. Standard Precautions apply to the following:
 - Blood,
 - All body fluids, secretions and excretions except sweat whether or not they contain visible blood,
 - Non-intact skin,
 - Mucous membranes.
- Standard Precautions include the following:
 - Hand Hygiene - Adherence to hand hygiene techniques including washing hands with soap and water or use of an alcohol-based hand rub, reduces transmission of antimicrobial resistant organisms and overall infection rates. If hands are visibly dirty or contaminated with protein material or are visibly soiled with blood or other body fluids, wash hands with either a non-antimicrobial soap and water or an antimicrobial soap and water. If hands are not visibly soiled, use an alcohol-based hand rub for routinely decontaminating hands in all other clinical situations.
 - See [Hand Hygiene Policy](#) for procedure.
 - Gloves - Gloves are to be worn when touching blood, body fluids, secretions, excretions and other contaminated items. Clean, non-sterile gloves will be adequate. Gloves shall be changed between tasks and procedures on the same patient after contact with material that may contain a high concentration of microorganisms.
 - Mask, Eye Protection, Face Shields - When performing procedures that may be likely to generate splashes or sprays of blood, body fluids, secretions or excretions, wear a mask and eye protection or a face shield. This will protect the mucous membranes of the eyes, nose and mouth.
 - Gowns - When performing procedures that may be likely to generate splashes or sprays of blood, body fluids, secretions or excretions, wear a gown to protect the skin and to prevent soiling of clothing. Always remove the soiled gown as soon as possible and wash hands.

- Patient Care Equipment - All patient care equipment that is soiled with blood, body fluids, secretions or excretions shall be handled in a manner that will prevent skin and mucous membrane exposures. Single use, disposable items must be disposed of properly. Make sure that reusable equipment has been cleaned and reprocessed appropriately, prior to use on another patient.
- Environmental Controls - Make sure that the facility has adequate procedures and that they are followed for the routine cleaning of all surfaces, including beds, bedrails, bedside equipment and other frequently touched surfaces.
- Linen - Used linen soiled with blood, body fluids, secretions and excretions will be handled, transported and processed in a way that prevents skin and mucous membrane exposure, contamination of clothing and the transfer of microorganisms to other patients and the environment.
- Occupational Health and Bloodborne Pathogens - Avoid injuries if at all possible when using needles, scalpels and other sharp instruments. Place all contaminated needles, syringes, scalpel blades and other sharp items in designated puncture-resistant containers. These containers should be located as close as possible to the area where the items are used.
- Instead of doing mouth-to-mouth resuscitation, use mouthpieces, resuscitation bags or other ventilation devices when the need for resuscitation is anticipated.

[Return to Table of Contents](#)

POLICY NAME:	HAND HYGIENE	POLICY NO:	HH-4.11
SECTION:	Surveillance, Prevention and Infection Control	<input checked="" type="checkbox"/> New <input type="checkbox"/> Revised	Original Approval Date: 01/01/2015 1st Revision Date: 2nd Revision Date:
RELATED FORMS:			3rd Revision Date:

PURPOSE:

- To provide guidelines for effective hand hygiene, in order to prevent the transmission of micro-organisms that may or may not result in infections or disease.
- To promote patient and the HomeCentris Home Health, LLC agency employee safety through implementation and adherence to the Centers for Disease Control (CDC) guidelines and other applicable standards and regulations.

DEFINITION OF TERMS:

- Alcohol-Based Hand Rub: An alcohol-containing preparation designed for application to the hands for reducing the number viable microorganisms on the hands. In the United States, such preparations usually contain 60% - 95% ethanol or isopropanol.
- Antimicrobial Soap: Soap (i.e., detergent) containing an antiseptic agent.
- Antiseptic Agent: Antimicrobial substances that are applied to the skin to reduce the number of microbial flora. Examples include alcohols, chlorhexidine, chlorine, hexachlorophene, iodine, chloroxylenol (PCMS), quaternary ammonium compounds, and triclosan.
- Antiseptic Hand wash: Washing hands with water and soap or other detergents containing an antiseptic agent.
- Decontaminate Hands: To reduce bacterial counts on hands by performing antiseptic hand rub or antiseptic hand wash.
- Hand Antisepsis: Refers to either antiseptic hand wash or antiseptic hand rub.
- Hand Hygiene: A general term that applies to hand washing, antiseptic hand wash, antiseptic hand rub, or surgical hand antisepsis.
- Hand washing: Washing hands with plain (i.e., non-antimicrobial) soap and water.
- Visibly Soiled Hands: Hands showing visible dirt or visibly contaminated with proteinaceous material, blood, or other body fluids (i.e., fecal material or urine).

- Waterless Antiseptic Agent: An antiseptic agent that does not require use of exogenous water. After applying such an agent, the hands are rubbed together until the agent has dried.

Source: www.cdc.gov/mmwr/

POLICY:

- The CDC has recommended guidelines when to use non-antimicrobial soap and water, an antimicrobial soap and water or an alcohol-based hand rub. All personnel will use the hand-hygiene techniques, as set forth in the following procedure:
 - When hands are visibly dirty or contaminated with proteinaceous (protein) material or are visibly soiled with blood or body fluids, the agency personnel should wash hands with either non-antimicrobial soap and water or an antimicrobial soap and water.
 - When hands are not visibly soiled, the agency employees may use an alcohol-based hand rub or an antimicrobial soap and water.
 - Decontaminate hands before having direct patient contact
 - Decontaminate hands before applying sterile gloves and inserting indwelling catheters, peripheral vascular catheters, central venous catheters (i.e., PICC lines) and other invasive devices that are within the scope of care, treatment and/or services of the HomeCentris Home Health, LLC agency.
 - Decontaminate hands after coming in contact with patient's intact skin, i.e., taking a patient's blood pressure, pulse, lifting/moving the patient
 - Decontaminate hands after contact with body fluids or excretions, mucous membranes, non-intact skin, and wound dressings and hands are not visibly soiled
 - Decontaminate hands after contact with medical equipment and supplies, i.e., bedpans, urinals, commodes, Hoyer lifts, in the immediate vicinity of the patient
 - Decontaminate hands after removing gloves (sterile or non-sterile)
 - After toileting, wash hands with non-antimicrobial soap and water or with an antimicrobial soap and water
 - After smoking
 - After blowing or wiping the nose
 - Before and after eating, wash hands with non-antimicrobial soap and water or antimicrobial soap and water
- All agency employees, including contracted personnel, receive education regarding hand hygiene, including advantages and disadvantages of various hand cleaning methods, during orientation and at least annually thereafter.

- The agency healthcare employees are monitored at least annually to evaluate adherence to and compliance with the agency's hand hygiene policy and procedure. When outbreaks of infection occur, the adequacy of employees' hand hygiene is assessed.
- The agency provides all employees participating in patient care, treatment and/or services with an alcohol-based hand-rub product and non-sterile gloves, at no charge to the employee.
- When selecting antimicrobial soaps or alcohol-based hand rubs, the HomeCentris Home Health, LLC agency shall solicit information from manufacturers regarding any known interactions between hand cleaning products, skin care products, and types of gloves used in the agency or stocked for distribution to healthcare, i.e., clinical employees.

PROCEDURE:

- Using antimicrobial soap and water or non-antimicrobial soap and water:
 - Keep clothing away from sink and splashes.
 - Wear minimal jewelry.
 - Keep nails short (1/4 inch in length) and clean.
 - Turn on water and adjust temperature for your comfort.
 - Wet hands and apply manufacturer's recommended amount of soap to hands. Lather well (soap reduces surface tension enabling the removal of bacteria).
 - Clean fingernail area (bacteria may be harbored beneath fingernails).
 - Wash hands thoroughly, using rigorous scrubbing action for at least 15 seconds. Work lather around fingernails, top of hands, etc. (to facilitate eradication of all bacteria).
 - Rinse hands and wrists under running water.
 - Repeat hand-hygiene technique, if necessary (to prevent recontamination of hands).
 - Dry hands with clean paper towel. (Multiple use towels, i.e., rolling towels, are not recommended for healthcare facilities.)
 - Turn off faucets with used paper towel and discard.
 - Avoid using hot water for hand-hygiene. Repeated use of hot water may increase the healthcare worker's risk of dermatitis – use tepid water.
- Using an alcohol-based hand rub:
 - Apply the manufacturer's recommended amount of alcohol-based hand rub to palm of one hand.
 - Rub hands together, covering all areas of the hands and fingers, until hands are dry.

NOTES:

- Always follow Standard Precautions. Remember, when hands are visibly soiled, wash hands with either a non-antimicrobial soap and water or an antimicrobial soap and water.
- Gloves are to be worn when contact with blood, bodily fluids, mucous membranes, dressings, non-intact skin, etc., is anticipated.
- Change gloves and discard after each patient contact.
- Change gloves when moving from a contaminated body site to a clean body site on the same patient.

[Return to Table of Contents](#)

POLICY NAME:	REPORTING PATIENT INFECTIONS		POLICY NO:	HH-4.18
SECTION:	Surveillance, Prevention and Infection Control	<input checked="" type="checkbox"/> New <input type="checkbox"/> Revised	Original Approval Date:	01/01/2015
			1st Revision Date:	
			2nd Revision Date:	
RELATED FORMS:			3rd Revision Date:	

PURPOSE:

To provide a consistent process of surveillance of infections occurring in the home care population.

POLICY:

- HomeCentris Home Health, LLC agency is committed to implementing precautionary measures to protect staff and patients from infection transmission.
- All patients with a suspected infection should have a patient infection report completed within 24 hours of discovery.

DEFINITIONS

- New Infection: Any infection that occurs that was not documented as being present at the time of the patient’s admission for care and/or services.
- Suspected Infection: A situation in which clinical observations strongly suggest the presence of an infection, but empirical data to support the suspicion is not possible or available at the time.

PROCEDURE:

- The Infection Identification Patient Report is completed when:
 - A new actual or suspected infection is clinically observed by home care personnel.
 - A culture is ordered and performed.
 - A new antibiotic is prescribed.
 - A patient is admitted to a hospital due to an actual or suspected infection.
 - A patient dies following an actual or suspected infection.
 - A reportable, communicable infection is identified.
 - Patient has two (2) or more consecutive temperatures greater than 101 degrees Fahrenheit.
- The Case Manager is responsible for ensuring that the Infection Identification Report Form is completed and submitted to the Director of Nursing.

- The Director of Nursing reviews, analyzes and evaluates the infection report and submits his/her report to the Infection Control Committee.
- Reports of patient infections are tracked and trended as part of the agency-wide performance improvement program.

[Return to Table of Contents](#)

REFERENCES:

SharePoint Infection Control Policy:

<https://homecentris.sharepoint.com/:w:/s/HomeHealth/ETfshBqxEGFOmEBKe6MC69sBqClGbwkEMHxbAlnPEpvgaw?e=9HHqBa>

CDC FAQs for Healthcare: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/faq.html>

State of Maryland FAQs: <https://phpa.health.maryland.gov/Pages/Novel-coronavirus.aspx>