

POLICY AND PROCEDURE ON UNIVERSAL PRECAUTIONS AND SANITARY PRACTICES

I. PURPOSE

The purpose of this policy is to establish guidelines to follow regarding universal precautions and sanitary practices, including hand washing, for infection prevention and control, and to prevent communicable diseases.

II. POLICY

It is the policy of Homeward Bound, Inc., (HBI) to minimize the transmission of illness and communicable diseases by practicing and using proper sanitary practices. All HBI staff will be trained on universal precautions to prevent the spread of blood borne pathogens, sanitary practices, and general infection control procedures. This includes active methods to minimize the risk of contracting illness or disease through individual to individual contact or individual to contaminated surface contact.

Universal precautions apply to the following infectious materials: blood; bodily fluids visibly contaminated by blood; semen; and vaginal secretions. All staff are required to follow universal precautions and sanitary practices, including:

1. Use of proper handwashing
2. Use of gloves in contact with infectious materials
3. Use of a gown or apron when clothing may become soiled and infectious materials
4. Use of a mask and eye protection, if splashing is possible
5. Use of gloves and disinfecting solution when cleaning a contaminated surface
6. Proper disposal of sharps
7. Use of gloves and proper bagging procedures when handling and washing contaminated laundry

III. PROCEDURE

A. Universal Precautions and Infection Prevention and Control

1. The concept of universal precautions presumes that all bodily fluids are infectious and therefore all health care workers are to handle blood and or body fluids as if infected. This not only protects caregivers, but also, by applying the same procedures to everyone, removes the stigma that might otherwise be associated with glove-and-mask use around highly infectious patients.
2. Hand washing is the single most important practice for preventing the spread of disease and infection. Proper hand washing will be completed as a part of regular work practice and routine, regardless of the presence or absence of any recognized disease and infection. Staff are also expected to assist an individual served to ensure regular hand washing. Staff hand washing will occur at the beginning and ending of every shift, before and after handling food, before and after assisting an individual with personal cares, with any contact with blood or body fluids or after any possible contamination. Examples: Handling soiled dishes or laundry, taking out the trash etc. Hand washing needs to occur in the following manner.

- a. Wet hands and wrists with warm water.
 - b. Apply enough soap to create lather.
 - c. Rub hands together to create lather.
 - d. Rub all surfaces of hand with lather and friction for at least 10-15 seconds (palms backs of hands, fingers, spaces between fingers, around and under nails, and wrists). In case of exposure to blood or other potentially infectious materials wash hands for 3 to 5 minutes.
 - e. Rinse thoroughly with warm water.
 - f. Pat skin dry with a clean paper towel.
 - g. Turn off faucet with a dry paper towel.
 - h. Discard waste.
3. Staff will ensure that their coughs and sneezes are appropriately covered. Appropriately covered means coughing or sneezing into a tissue or paper towel. When these items are not available, staff will cough or sneeze into their elbows. Staff are also expected to assist an individual served to understand and use appropriate means to cover their coughs and sneezes.
 4. Gloves will be used as a barrier between hands and any potential source of infection. Gloves must be worn when contact with high risk bodily fluids can be reasonably anticipated. Fresh gloves will be used for each situation and for each person served. Removal of gloves should be from “glove to glove” and “skin to skin” ensuring contamination is folded into glove.
 5. If necessary, a fluid resistant gown may be provided for staff to wear as a barrier during cleanup of high volume fluids.
 6. Eye protection may be made available whenever splashes or drops of high risk bodily fluids are anticipated. This can include, but is not limited to, oral hygiene procedures and cleanup of large amounts of high risk bodily fluids.
 7. Surfaces are to be clean and sanitized by staff in the following manner.
 - a. Apply gloves.
 - b. Sanitize any surfaces carefully wipe any blood or body fluid with a paper towel and dispose of paper towel in the trash can. **ICF’s:** If item is soaked with blood or body fluids dispose in the regulated waste container.
 - c. If surface is grossly contaminated with blood or body fluid, wash area with soap and water before spraying with disinfectant. **ICF’s:** Dispose

- in the regulated waste container.
 - d. Spray disinfectant on the surface until completely covered.
 - e. When sanitizing a non-absorbable surface, wait 30 seconds before you wipe it off.
 - f. Wipe surface with a clean paper towel and discard paper towel in the trash can.
 - g. Allow surface to air dry.
 - h. Remove gloves and wash hands.
8. Staff are to use extreme, deliberate precaution in handling contaminated needles and sharps. Contaminated needles will not be bent or recapped. All needles and sharps will be disposed of in an appropriate sharps container.
 9. When handling linen and clothing contaminated with high risk bodily fluids, staff will wear gloves at all times. Contaminated laundry will be cleaned in the washing machine and dried in the dryer separate from non-contaminated laundry.
 10. Specimens obtained for medical testing or procedures containing high risk bodily fluids or other potentially infectious material must be handled with gloves, placed in a sealed container to prevent leakage, and labeled with the person's name and the type of specimen. If refrigeration is required, the specimen will be placed inside a second sealed container and separated from any refrigerated foods.

B. Care and Sanitation of the General Program Site

1. The Program Resource Coordinator (PRC)/Program Supervisor (PS) will ensure that the program site, including the interior and exterior of buildings, structures, or enclosures, walls, floors, ceilings, registers, fixtures, equipment, and furnishings, are maintained in good repair and in sanitary and safe condition. Upholstery and carpet will be routinely inspected and cleaned as necessary. The program site will be kept clean and free from accumulations of dirt, grease, garbage, peeling paint, mold, vermin, and insects.
2. Any building and equipment deterioration, safety hazards, and unsanitary conditions will be corrected. The PRC/PS will be the primary individual(s) responsible for this coordination. Cleaning and disinfecting schedules will be developed by the PRC/PS and implemented by staff.

3. Food will be obtained, handled, and properly stored to prevent contamination, spoilage, or a threat to an individual served. Food and drink will not be stored in areas where bodily fluids, hazardous materials, and harmful substances may be present (i.e. bathrooms).
4. Chemicals, detergents, cleaning supplies, and other hazardous or toxic substances will not be stored with food or drink products or in any way that poses a hazard to individuals served.
5. Each person served will have the following personal care items for their own use, if needed and/or desired. These items will be stored in a safe and sanitary manner to prevent contamination:
 - a. Hair comb/brush and hair accessories
 - b. Toothbrush, toothpaste, and floss
 - c. Cosmetics
 - d. Deodorants
 - e. Razors/shavers
 - f. Bath soap/body wash
 - g. Shampoo/conditioner

C. Compliance

1. Staff will receive training at orientation and annually thereafter on universal precaution procedures, infection control, and blood borne pathogens.
2. Staff are responsible to adhere to universal precaution infection control procedures. If there are obstacles to the implementation of universal precaution procedures, they will be immediately brought to the attention of the PRC/PS. The PRC/PS in conjunction with a Nurse Case Manager (NCM) will develop and implement solutions as necessary.
3. At a minimum, gloves, disinfectant, and appropriate cleaning supplies and materials will be available at the program site. The PRC/PS will ensure adequate amounts of the infection control supplies after consideration of the program and staff needs.

D. Control of Communicable Diseases

1. Staff will report any signs of possible infections or symptoms of communicable diseases that a person receiving services is experiencing to the PRC/PS or NCM.

2. When a person receiving services has been exposed to a diagnosed communicable disease, staff will promptly report to other affected licensed providers (e.g. day program).
3. Staff diagnosed with a communicable disease, may return to work upon direction of a health care professional.

[\(Reportable Infectious Diseases: Reportable Diseases A-Z - Minnesota Dept. of Health\)](http://www.health.state.mn.us)(<http://www.health.state.mn.us>)

Legal Authority: MS §§ [245D.11](#), subd. 2 (1) and [245D.06](#), subd 2 (5)