

INFECTION CONTROL POLICY EFFECTIVE JANUARY 1, 2017

Every reasonable attempt will be made to prevent the spread of infection at Casa De Vida Senior Living. A variety of infection control measures outlined below are used for decreasing the risk of transmission of organisms causing infection.

All body and blood fluids will be considered infectious regardless of the perceived status of the source individual. Adhering to OSHA and CDC guidelines; Standard Precautions will be used during interaction with all residents regardless of their diagnosis or presumed infection status.

Hand-washing: Good hand-washing using soap and water or waterless antiseptic before and after each resident contact, after using the bathroom, after handling soiled material, and after eating is mandatory for all staff. Wash hands after touching blood, body fluids, secretions, excretions, and contaminated items whether or not gloves are worn. It may be necessary to wash hands between tasks and procedures on the same resident to avoid cross contamination of different body sites.

Residents are asked to use waterless antiseptic before and after restroom use and before eating meals to avoid infection. Gloves are mandated by the OSHA & CDC blood borne pathogens final rule:

Gloves should be worn whenever contact with any of the following is expected to occur:

Contact with blood, any body fluids, secretions and excretions except sweat, regardless of whether or not they contain visible blood, non-intact skin (abrasions, skin tears and any rash), mucous membranes.

In addition gloves should be worn whenever:

A risk of gross contamination of the hands occurs. Special care to avoid contamination of residents during patient-care procedures, including, but not limited to first aide. The possibility of transmission from one resident to another exists. Also, when handling of contaminated items is required.

Wearing gloves and changing them between resident contacts DOES NOT replace the need for hand-washing. Failure to change gloves between patient contacts is an infection control hazard.

Resident Care: Equipment & Environmental control -Handle soiled equipment in a manner to prevent, skin and mucous membrane exposure, contamination of clothing, and transfer of microorganisms to other residents and environments. Separate clean and dirty items; do not reuse equipment until it has been cleaned and disinfected appropriately. Inspect equipment when used; notify maintenance of potential hazards. Discard single use items and properly dispose of outdated materials.

Resident placement: When there is a concern about a resident's infectious status the Administrator or designee will be contacted to determine the need for a private room or transfer to higher level of care.

Transmission-based Precautions: These are designed for residents documented or suspected to be infected with highly transmissible or epidemiologically important pathogens for which additional precautions beyond standard/universal precautions. These conditions are NOT permitted in an RCFE setting and the resident will be transferred to a higher level of care.

Exposures to blood and body fluids or skin punctures:

To protect employees from infection from blood borne pathogens and to assure appropriate follow up care for any employee who has an exposure incident.

Standard precautions are to be used at all times. All residents should be considered potentially infected with blood borne pathogens. All soiled resident care items should be considered potentially infected with blood borne pathogens. Exposure to potentially infectious materials should be minimized.

The staff member will be instructed to contact the Administrator and a Worker's Compensation claim form must be filled out by the employee and administrator as needed.