

## **HANDWASHING/HAND HYGIENE**

### **POLICY**

In an effort to reduce the risk for infection in clients and staff members, thorough hand washing/hand antisepsis is required of all employees. The agency will establish guidelines for all staff and will provide education and direction on accepted practices.

### **PURPOSE**

To improve hand-hygiene practices of agency staff and to reduce transmission of pathogenic microorganisms to clients and personnel in the home care setting.

### **SPECIAL INSTRUCTIONS**

1. The hand hygiene procedure will be clearly outlined in the agency procedure manual.
2. Appropriate antiseptic cleanser may be used when appropriate and client situation facilities are not available.
3. Indications for hand washing and hand antisepsis:
  - a. Before performing invasive procedures.
  - b. Before caring for clients at high-risk for infection.
  - c. When there is prolonged or intense contact with the client (bathing the client).
  - d. Between tasks on the same client.
  - e. Before touching a wound.
  - f. After removing gloves.
  - g. After touching objects that are potentially contaminated.
  - h. After caring for a client who is infected with drug resistant organisms.
  - i. When hands are visibly soiled.
  - j. After using the toilet, blowing the nose or covering a sneeze.
  - k. After assisting client to use the bathroom.
  - l. Before eating, drinking, handling food or serving food.
  - m. When hands are visibly dirty or contaminated with proteinaceous 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 with water.

- n. If hands are not visibly soiled, use an alcohol-based hand rub for routinely decontaminating hands in all other clinical situations. Alternatively, wash hands with antimicrobial soap and water in all clinical situations.
  - o. Decontaminate hands before having direct contact with clients, before donning sterile gloves to insert urinary catheters, vascular catheters or other invasive devices that do not require surgical procedures.
  - p. Decontaminate hands after contact with client's intact skin, after contact with body fluids, excretions, non-intact skin and wound dressings.
  - q. Decontaminate hands after contact with inanimate objects including equipment in the immediate vicinity of the client.
  - r. Decontaminate hands after removing gloves.
- 4. WASH HANDS with soap and water before eating and after using a restroom.
  - 5. Antimicrobial impregnated wipes (towelettes) may be used as an alternative to washing hands with non-antimicrobial soap and water. They are not as effective as alcohol based hand rubs or washing hands with antimicrobial soap and water.
  - 6. Health care personnel should avoid wearing artificial nails and keep natural nails less than one quarter of an inch long if they care for clients at high risk of acquiring infections.

## **HAND HYGIENE TECHNIQUE**

- 1. When decontaminating hands with an alcohol based hand rub, apply product to palm of one hand and rub hands together, covering all surfaces of hands and fingers, until hands are dry. (Follow manufacturers recommendations regarding volume of product to use.)
- 2. When washing hands with soap and water, wet hands first with water, apply an amount of product recommended by manufacturer to hands and rub hands together vigorously for at least fifteen (15) seconds, covering all surfaces of hand and fingers.
  - a. Rinse hands with water and dry thoroughly with a disposable towel. (Avoid using hot water, because repeated exposure to hot water may increase the risk of dermatitis.)
  - b. Encourage the use of hand lotions or creams to minimize the occurrence of irritant contact dermatitis associated with hand antisepsis or handwashing.
- 3. Multiple use cloth towels are not recommended for use in health care settings.



# Be A Germ-Buster



## WASH YOUR HANDS



# NURSING BAG

## PURPOSE

To carry adequate supplies for home care clients

To maintain supplies in clean environment.

## APPLIES TO

- ☐ Registered Nurses
- ☐ Licensed Practical/Vocational Nurses
- ☐ Therapists
- ☐ Other (Identify): \_\_\_\_\_

## EQUIPMENT/SUPPLIES

- Keep paper towels, handwashing soap and waterless handwashing solution in the outside pocket of the bag.
- Carry items that may be needed unexpectedly or are used frequently for many clients. These may include:
  - Sterile gauze pads.
  - Venipuncture supplies.
  - Tape.
  - Syringes.
  - Blood pressure cuff.
  - Stethoscope.
  - Gloves.
  - Alcohol wipes and antiseptic solutions.
  - Dressing supplies as needed.
  - Catheter supplies as needed.

## GUIDELINES

The inside of the bag and its contents are considered clean. Therefore:

- Hand washing must occur before entering the bag for any reason.
- All items removed from the bag should be cleaned before returning to the bag.
- Check and restock the bag at regular intervals to assure appropriate and current supplies are available.
- Documentation should include the supplies used and charge slips completed as needed.
- Supplies for a specific client should be carried separate from the nurse's stock supply.
- When in a client's home, place a waterproof disposable barrier on a clean and dry surface then place the bag down on the barrier. If there is no suitable place in the home, take only those items into the home that are needed for the visit.

## SPECIAL CONSIDERATIONS

- Supplies carried in the nurse's bag and kept in the car are subject to extremes of temperature. This exposure may cause deterioration. Examples include urinary catheters, hydrocolloid dressings and vacuum tubes used for blood collection.
- All nurses should carry a supply of plastic bags for disposal of used supplies that are not considered biohazardous waste and to use for the transport of specimens.
- Additional supplies may be carried in the car. Supplies should be placed in plastic containers with lids and labeled.
- Check all supplies on a regular basis to assure they are not outdated or contaminated.
- Check agency policies related to the management of supplies
- Care of the Nursing Bag:
  - Daily: Replace all used equipment and supplies.
  - Quarterly: Remove all articles. Wash the outside of the bag and the inner lining with soap and water. Dry thoroughly. Replace articles.

## RELATED PROCEDURES

None.

# EQUIPMENT AND SUPPLIES MANAGEMENT

## POLICY

Equipment and/or supplies will be properly stored, cleaned, and maintained by Agency staff before client usage. Equipment used for client care in the home will be cleaned as needed and per agency protocol.

## PURPOSE

To reduce the spread of microorganisms by ensuring proper use, reuse, and maintenance of equipment.

To assure that supplies are sterile and have current dates noted on the packaging.

## SPECIAL INSTRUCTIONS

1. No Equipment will be reused without the appropriate biomedical check as recommended by the manufacturer.
2. Any malfunction of equipment will be reported to the equipment company or manufacturer, if applicable, and replacement requested.
3. For information related to client or employee illness or injury related to equipment, refer to the agency policy on compliance with the Medical Device Reporting Act.
4. Agency staff will follow manufacturers' and/or equipment company recommendations for safe usage of equipment.
5. Equipment not requiring a biomedical check, i.e., walker, canes, etc., will be cleansed between client usage.
6. Manufacturer's expiration dates will be strictly adhered to. All products will be checked for expiration prior to usage.
7. All sterile packages will be inspected for integrity prior to usage.
8. Sterile items will be transported in a manner to maintain integrity of sterility.
9. Items affected by temperature will be stored in a clean, dry, moderate temperature-controlled environment.
10. All agency staff is required to read packaging labels for directions regarding temperature effect on items. Manufacturer's direction will be adhered to.
11. Medically necessary supply usage will be documented on the 485 (Plan of Care).

## **INFECTION PREVENTION/CONTROL**

### **POLICY**

Agency will observe the recommended precautions for home care as identified by the Centers for Disease Control and Prevention (CDC). The precautions cover those clients with documented or suspected infection with highly transmissible or epidemiologically important pathogens that require additional precautions to prevent transmission.

The agency will have an infection prevention and control component to the Infection program. This program will evaluate those client populations to be at risk and implement processes as needed.

### **PURPOSE**

To ensure employee and client safety.

To reduce the risk of transmission of microbes from both recognized and unrecognized sources of infection.

### **SPECIAL INSTRUCTIONS**

1. The Occupational Safety and Health Administration (OSHA) Bloodborne pathogens standard, incorporating the Needle Stick Safety and Prevention Act of 2000, is designed to protect at risk employees from exposure to blood and other potentially infectious materials. Employees and healthcare workers covered by this standard include those who:
  - a. Have direct client contact
  - b. Draw blood
  - c. Work with blood and other bodily fluid specimens
  - d. Handle contaminated equipment
2. Standard precautions contain two tiers of approach. The first tier uses major features of standard precautions and the principles of body substance isolation.

### **STANDARD PRECAUTIONS - TIER ONE**

1. Standard precautions apply to blood, all body fluids, secretions, excretions, non-intact skin, and mucous membranes. All are to be treated as a potential source of infection regardless of whether the client has a communicable disease.
2. Hands are washed if contaminated with blood or body fluid, immediately after gloves are removed, between client contacts, and when indicated to prevent transfer of microorganisms between other clients or the environment.

3. Gloves are worn when touching blood, body fluids, secretions, excretions, non-intact skin, mucous membranes, or contaminated items.
4. Masks, eye protection, or face shields are worn if client-care activities may generate splashes or sprays of blood or body fluid.
5. Gowns are worn if clothing is likely to be soiled from blood or body fluid. Wash hands after removing gown.
6. Equipment used for client care is properly cleaned and reprocessed. Single-use items are discarded.
7. Contaminated linen is placed in a leak proof bag and carefully handled to prevent skin and mucous membrane exposure.
8. All sharp instruments and needles are discarded in a puncture-resistant container. The CDC recommends needles be disposed of without capping or that a mechanical device be used for recapping.
9. When possible devices, which offer an alternative to needles, will be used. Examples of such devices include stopcocks (on-off switch) needle-protected systems or needleless systems that can be used in place of open needles to connect intravenous lines. Other devices that are integral to the syringe, such as self-sheathing needles, allow both hands to remain behind the needles.

### **DISEASE-SPECIFIC STANDARD PRECAUTIONS - TIER TWO**

This approach provides isolation guidelines with new transmission categories based on airborne, droplet, and contact transmission of infectious disease.

1. Airborne Precautions: Use mask or respiratory protection (*see CDC TB Guidelines*).
2. Droplet Precautions: Use mask. Isolate clients from those at risk of infection.
3. Contact Precautions: Use gowns, gloves, and masks as appropriate.

### **SPECIAL INSTRUCTIONS**

The agency will have a process in place to identify the need for infection prevention control activities by evaluating the following:

- Client populations to be served.
- Clients at high risk for infection.
- Common diagnosis of clients served.
- Types of care provided by the agency.



- Risks of infectious transmission.
- Types of medical devices, equipment or supplies used in client care and provided by the agency.
- Types and amount of medical waste generated.
- Risks of occupational exposure.
- Clients who are identified as high-risk groups include those experiencing immunosuppression. This group includes those with HIV-related illnesses, bone marrow transplantation, hemotologic malignancy, cancer, drug-induced suppression, radiation therapy, and the very young or very old. Other groups designated at risk are individuals with trauma, burns, surgical wounds or malnutrition.

Types of care that may place clients at risk for infection:

- Airway suctioning.
- Blood specimen collection (arterial or venous puncture).
- Blood product administration.
- Burn care.
- Cardiopulmonary resuscitation (CPR).
- Dialysis (hemodialysis or peritoneal).
- Enteral tube feedings and tube replacements.
- Epidural catheter care and management.
- Implantable port access.
- IV medication or solution administration.
- Oxygen administration.
- Urethral or suprapubic catheterization.
- Venous access device insertion and site care.
- Wound and ostomy care.

Medical devices, equipment, and supplies that clients may use or that agencies may provide fall into three categories – noncritical, semi critical, or critical:

- Noncritical items come into contact with intact skin, but not mucus membranes or skin that is non-intact.
- Semi critical items come into contact with the mucus membranes or skin that is non-intact.
- Critical items enter directly into the bloodstream or into other normally sterile areas of the body.

These three categories were developed based on the potential risk of infection identified in their use as well as the methods required for cleaning, disinfection, and sterilization.

### **METHICILLIN RESISTANT STAPHYLOCOCCUS AUREUS (MRSA)**

Care of client with identified infection:

- MRSA is a strain of Staphylococcus Aureus that is resistant to most antibiotics. Vancomycin is the most reliable antibiotic for treatment.
- Clients who are colonized with MRSA can act as reservoirs for transmission to family, employees and other health care personnel.
- Can be transmitted via unwashed hands, contaminated equipment, or clothing.
- Home care staff who touch their nose with unwashed hands are at risk for colonization of MRSA.
- MRSA can live up to fourteen (14) days in the environment.

Policy:

- Standard precautions will be used with all clients.
- Handwashing must be done before and after all client contact.
- Personal protective equipment including gloves, mask or gown will be used when appropriate for care.
- No special treatment is needed for linens, clothing, or waste.
- ALL involved staff will be informed of the diagnosis and the care plan will be tailored accordingly.

## STANDARD PRECAUTIONS FOR ALL HEALTH CARE WORKERS

1. Assume that blood and all body fluids, with or without visible blood, from all clients are potentially infectious.
2. **WASH HANDS - SEE HAND HYGIENE POLICY.**
3. **GLOVES**, such as vinyl or latex medical gloves, must be worn when cleaning reusable equipment; when having direct contact with blood, body fluids, mucous membranes or non-intact skin; when handling items soiled with blood; or when handling equipment contaminated with blood or body fluids. This includes, but is not limited to the following:
  - a. Suctioning procedures.
  - b. Catheter care and removal of catheters.
  - c. Dressing changes.
  - d. Handling of grossly contaminated linens.
  - e. Collection and emptying of all suction and drainage devices; e.g., Foley catheter bags, suction machines, and hemovacs.
  - f. Starting and discontinuing intravenous infusions.
  - g. Providing oral hygiene.
  - h. Enema administration.
  - i. Cleaning client rooms, bathrooms, emptying trash, or changing linens on client's bed.
  - j. Venipuncture or other vascular access procedures.

Gloves should be changed after each client contact. When gloves are removed, thorough hand washing is required. Gloves do not take the place of hand washing.

If glove is torn or needle stick or other injury occurs, the gloves should be removed, hands washed well, and a new glove used as promptly as client safety permits.

4. **GOGGLES** or protective glasses should be worn when there is a potential for a splash with blood or body fluids, and when exposure of the mucous membranes of the mouth, nose, or eyes is anticipated. Examples include dental cleaning, venipunctures, arterial punctures, catheter or nasogastric tube insertions, and intubations. Protective eyewear is to have solid side shields.

5. GOWNS OR APRONS should be worn when there is a potential for blood or body fluid splatters or sprays. Examples include venipunctures, arterial punctures, catheter or nasogastric tube insertions, and intubations.
6. MASKS are usually not necessary if contact is only casual. A mask should be worn if there is a chance of a splash or splatters or if the client is on respiratory precautions.
7. AIRWAYS - Although saliva has not been implicated in HIV transmission, a one-way airway, mouthpiece, resuscitation bag, or other ventilation device should be in the home when resuscitation is predictable for use during actual resuscitation.
8. To prevent needle stick injuries, **needles should never** be recapped, bent, broken, or manipulated by hand. These items and other sharp items, such as scalpels, razor blades, etc., should be considered potentially infectious and handled with extraordinary care.
  - a. Agency will provide "needleless systems" or "sharps with engineered sharps injury protections whenever possible. Used needles should be placed intact into puncture-resistant containers that are provided by the agency.
  - b. Employees responsible for client care will be involved in decisions to purchase sharps, needleless devices, disposal containers and biosafety cabinets.
  - c. The containers, when full, are to be returned to the agency for proper disposal or disposed of in accordance with state or local regulations.
9. In the event of contamination with blood or body fluids, body surfaces should be washed immediately with soap and water.
10. The agency will maintain a log of injuries from contaminated sharps. The injury log must contain: type/brand of device involved, department or work area, and explanation of the event. Maintain a separate list for tracking actual employees.
11. All needle stick injuries will be recorded on an OSHA log.
12. Identify "privacy concern case."
13. The agency will document their consideration and implementation of safer, effective medical devices.
14. All laboratory specimens should be treated as if they were contaminated with either HIV or HBV or Hepatitis C. All specimens should be labeled with client information, placed in sealable, leak proof plastic bags, and transported in an appropriate, secured container that is labeled with a color-coded, biohazard sticker. Specimens should be transported without needles attached to syringes. Requisition forms are placed outside the plastic bag to prevent contamination in the event of a leak or spill.

15. For disposal of contaminated supplies other than needles, double bagging technique should be used, as described in the infection control policy. Areas and equipment contaminated with blood should be cleaned immediately with 1:10 bleach solution (1 part bleach to 10 parts water). Equipment can also be cleaned thoroughly and soaked in 70% isopropyl alcohol for ten (10) minutes to inactivate HIV. A fresh solution must be used daily. A 1:5 bleach solution (1 part bleach and 4 parts water) can be stored for thirty (30) days in an opaque container at room temperature and out of sunlight. **Bleach should never be mixed with anything but fresh tap water.** Contaminated reusable sharps should be placed in a leak-proof, puncture-resistant, and appropriately labeled container.
16. Soiled linens should be handled as little as possible and with minimum agitation to prevent gross microbial contamination of the air and of persons handling the linen. Linens soiled with blood or body fluids should be placed in bags that prevent leakage and transported to the agency or disposal container. If the fabric can tolerate contact with chlorine bleach, it should be washed with one (1) cup of bleach per full load with regular detergent. If a washing machine is not available, contaminated linens should be soaked in a receptacle or sink in cold soapy water in a 1:10 bleach solution for fifteen (15) minutes.
17. Personnel cleaning biological spills or contaminated equipment should wear gloves and take care not to contaminate clothing. Disinfectant-detergent formulations registered by the EPA can be used for cleaning environmental surfaces, but the actual physical removal of microorganisms by scrubbing is probably at least as important as any antimicrobial effect of the cleaning agent used.
18. Health care workers with exudative lesions or weeping dermatitis should refrain from all direct client care and from handling client care equipment until the condition resolves.
19. As indicated, the agency shall maintain a log describing the collection, transportation, and disposal of hazardous waste.

## RECOMMENDED EQUIPMENT FOR HOME CARE (PPE)

Personal protective equipment, which would be provided to employees by the home health care agency, as appropriate, includes:

- Disposable, nonsterile/sterile gloves and utility gloves.
- Disinfectants.
- Chemical germicides that are approved for use as hospital disinfectants and are tuberculocidal when used at recommended dilutions.
- Products registered by the Environmental Protection Agency (EPA) as being effective against human immunodeficiency virus (HIV) with an accepted HIV label.
- A solution of 5.25% sodium hypochlorite (household bleach) diluted to 1:10 with water. **Mix a fresh supply of bleach every day (twenty-four (24) hours).**
- Masks, cardiopulmonary resuscitation (CPR) masks, air purifying masks, goggles, moisture-proof aprons/gowns, shoe covers, and caps.
- Leak proof and puncture-proof specimen containers.
- Sharps containers.
- Liquid soap, soap towelettes, dry hand disinfectants (alcohol based), sodium hypochlorite wipes, or dry bleach.
- Paper towels.

## RECOMMENDED CLINICAL PRACTICES

1. Hand washing: Before and after client contact, when soiled, and immediately after removing gloves. Use alcohol based hand cleaner as a substitute when hands are not soiled.
2. Gloves: Use if there is a possibility of contact transmission. Nonsterile gloves may be used when performing procedures, which may expose the staff member/caregiver to blood or body substances. Sterile gloves are used when sterile technique is required. Utility gloves, which may be reused, are left in the client's home and used for cleaning and disinfecting equipment and the work environment.
3. Gowns/aprons, shoe covers, caps: Wear appropriate equipment when there is a reasonable expectation that contact transmission may occur. Dispose of used equipment in a plastic trash bag.
4. Masks: Wear when there is a reasonable expectation that droplet transmission may occur. Dispose of used masks in plastic trash bag.

- a. Disposable CPR Masks: Use if required to give mouth-to-mouth or mouth-to-tracheal airway ventilation.
  - b. Air Purifying Masks (HEPA): Use when caring for clients with suspected or known tuberculosis. **The mask must be properly fitted.**
  - c. NIOSH approved N-95 surgical particulate respirators (masks) meets CDC guidelines for TB, SARS, Smallpox and Anthrax Single use (disposable) – one size fits most.
5. Goggles: Use when there is reasonable expectation that droplets may get into the eye. Goggles may be reused if cleaned with soap and water between episodes. Discard if cracked or contaminated.
6. Sharp objects and needles: Place in puncture-proof, disposable container. **Do not recap used needles. Use needleless devices or devices with sharps injury protectors whenever possible.**
7. Sharps containers: These containers must be puncture-proof, leak proof, red in color, and labeled with a biohazard sign. Keep them in a safe place in the home. When 3/4 full, return them to the office for waste disposal. Follow state and local requirements for disposal.
8. Specimen collection: All specimens will be placed in a leak proof container (bag) and transported to the laboratory in a puncture-proof container. A biohazard label must be present on the outside of the transport container.
9. Personal: Eating, drinking, and personal activities should not be done in the client areas where exposure to blood or other infectious materials is possible.

## **CLEANING AND DISINFECTING IN THE HOME**

### **POLICY**

Agency shall enforce good housekeeping practices involved in the provision of home health care services.

### **PURPOSE**

To ensure that the worksite is maintained in a clean and sanitary condition.

### **SPECIAL INSTRUCTIONS**

#### General Housekeeping

1. Client Homes:
  - a. Nurse Case Manager/designee shall determine the specific cleaning/ decontamination practices needed in the home, based on client needs and medical diagnosis.
  - b. A written schedule and method of decontamination will be placed in the Care Plan with a copy left in the client's home.
  - c. Cleaning and disinfecting/decontamination procedures will be determined by the type of surfaces to be cleaned, type of soil present, and types of procedures being performed.
2. Equipment/Environmental and Working Surfaces:
  - a. All equipment and environmental and working surfaces will be cleaned and disinfected after contact with blood or other potentially infectious materials.
  - b. All work surfaces will be decontaminated with an appropriate disinfectant:
    - After completion of all procedures.
    - Immediately, or as soon as possible, when surfaces are contaminated with blood or potentially infectious materials.
    - At the end of each work shift if the surface has become contaminated since the last cleaning.
  - c. Protective coverings such as plastic wrap, aluminum foil, or imperviously backed absorbent paper used to cover equipment and environmental surfaces will be removed and replaced as soon as possible after:
    - They become contaminated.



- At the end of the work shift.

d. All bins, pails, cans, and similar receptacles intended for reuse, which have a likelihood of becoming contaminated with blood or other potentially infectious materials, shall be inspected and disinfected:

- On a regularly scheduled basis.
- Immediately upon visible contamination.

### 3. Regulated Waste

a. Contaminated sharps shall be discarded immediately or as soon as feasible in containers that are:

- Closable.
- Puncture-resistant.
- Leak proof on sides and bottom.
- Labeled and color-coded.

### 4. During use, sharps containers shall be:

- a. Easily accessible to personnel and located as close as feasible to the area where sharps are used or can be found.
- b. Maintained upright throughout use.
- c. Replaced routinely and not allowed to overfill.

### 5. When moving containers of contaminated sharps from use area, the containers will be:

- a. Closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.
- b. Placed in a secondary container if leakage is possible. The second container must be:
  - Closable.
  - Constructed to hold all contents, prevent leakage/spillage.
  - Labeled and color-coded.

### 6. Other Regulated Waste Containment

a. Waste will be placed in containers that are:

- Closable.
- Constructed to contain all contents and prevent leakage of fluids.

- Labeled and color-coded.
  - Closed prior to removal to prevent leakage/spillage.
- b. If outside contamination of regulated waste containers occurs, place the container in a second container which is:
- Closable.
  - Constructed to contain all contents and prevent leakage of fluids.
  - Labeled and color-coded.
  - Closed prior to removal to prevent spillage or protrusion of contents.
7. Disposal of all regulated waste shall be in accordance with applicable regulations of the United States, states, and political subdivisions of states.

**SPILLS OF BLOOD OR OTHER BODY FLUIDS IN CLIENT CARE/WORKSITE AREA:**

1. Health care personnel shall don the appropriate personal protective equipment.
2. Visible materials shall be removed and placed in an appropriate hazardous waste container.
3. The area shall be decontaminated using diluted bleach solutions (1:10 or 1:100 dilution) or chemical germicides that are approved as "hospital disinfectants."
4. A 1:10 bleach solution is 1 part bleach and 9 parts water. This kills most infectious agents. It is important to note that some infectious agents are not killed by bleach. For example *Cryptosporidium* species are killed only by ammonia or hydrogen peroxide.
5. Bleach solutions must be mixed fresh every 24 hours
6. All equipment and sharps (reusable or non-reusable) will be handled as stated above.