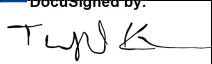


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## UNISON HEALTH

### **APPLIES TO:**

All Staff

### **PURPOSE:**

To provide comprehensive guidelines and establish safe work practices in accordance with Occupational Safety and Health Administration (OSHA) and Joint Commission standards.

### **POLICY:**

Unison Health, through the Infection Prevention and Control Committee, provides appropriate guidelines for employees to follow for the prevention, surveillance and control of infection in employees and clients served.

### **SCOPE OF PROGRAM:**

In effort to operate within the Occupational Safety Health Administration (OSHA) and Joint Commission Standards, Unison has identified the following as risks for infection:

1. Due to the client population served, there is an increased risk of the spread of communicable disease such as influenza, COVID-19, and tuberculosis as the client's mental illness may impair their understanding of disease processes.
2. Employees working in the community and those working with the homeless population may be at increased risk of communicable disease.
3. Employees may be at risk of exposure to and spread of communicable disease among themselves due to working together Near one another.
4. Certain employees may be at an increased risk of exposure to blood or body fluids through their work duties.

Unison has taken the following priority actions to reduce risk among employees and clients served:

1. Established specific guidelines for Infection Prevention & Control within the workplace to minimize the incidence of illness or injury by employees and clients. This includes identifying those at risk for infection and initiating steps to prevent the occurrence and/or spread of infection.

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2. Established an Influenza Prevention Plan, which specifically outlines the process of increasing Unison's employee influenza vaccination rate to 81% compliance. The percentages identified are derived using the National Quality Forum Measure and Submission Evaluation Worksheet 5.0 recommended numerator and denominator.
3. Established a policy for other infectious diseases such as COVID-19, Tuberculosis and other specified communicable diseases and outlined a procedure for testing, documentation and referral.
4. Established other policies with clearly defined procedures for efficient and appropriate delivery of services in respect to Infection Prevention & Control and Health promotion at the workplace.
5. Established a Hepatitis B policy, which specifically outlines the process of testing, of documentation, and of referral for staff and clients who test positive (see Administrative Policy 525 – Exposure Control Plan).
6. Committed to conducting surveillance to determine status and avenues for improvement in treating and preventing infection.
7. Committed to monitoring and evaluating the results of the plan and revising it and associated policies as needed.
8. Established an Infection Prevention and Control Committee to monitor all activities related to this program, establish goals and make revisions as needed.

### **RESPONSIBILITIES:**

The Infection Prevention and Control Chairperson maintains overall responsibility for the Infection Prevention and Control Program and shall:

1. Chair the Infection Prevention and Control Committee.
2. Act as final approving authority on recommendations from the Risk Management Committee Chairperson.
3. Ensure implementation of a planned and systematic process for monitoring and evaluating communicable infections.
4. Review all relevant occurrences to determine if further review is needed; assign review and ensure that actions and follow-up are appropriately documented.
5. Utilize established surveillance criteria for the continuous and systematic monitoring of communicable infections.

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6. Compile quarterly infection control data from surveillance activities and the effectiveness and outcome of the infection control program for the Risk Management Committee, Quality Improvement Manager and Board of Directors.
7. Identify populations at risk for the development of infections in the organization and in clients served in the community.
8. Communicate the ongoing work of the Infection Prevention and Control Committee to other areas of the organization through agency newsletter articles, All Staff meetings and email.
9. Serves as the safety coordinator related to all COVID -19 infection or safety issues.

All employees in all areas are required to report suspected infections, and/or situations affecting the prevention of infections in the organization to the Infection Prevention and Control Chairperson (IPCC). The IPCC then investigates the reported infections or other issues and proceeds according to established guidelines.

The Infection Prevention and Control Committee members are included in the investigation process and in the formulation of programs to address the infections or situations as appropriate.

### **COORDINATION/COLLABORATION WITH PUBLIC HEALTH SYSTEMS:**

The Infection Prevention and Control Chairperson serves as the agency liaison/safety coordinator with local, state and federal public health systems and coordinates activities and reporting as required. They will utilize them to confirm suspected outbreaks within the community and verify needed actions to control and prevent infection. The IPCC will follow-up with the system as required regarding actions taken and progress to control the outbreak including the submission of any required documentation.

### **HAND HYGIENE:**

All employees are required to utilize proper hand hygiene procedures as this is one of the most effective ways to prevent the spread of infections. Hand hygiene procedures include handwashing with soap and water and the use of alcohol-based hand rubs (containing 60-95% alcohol). The following outlines the procedures for each:

1. Hand washing procedure:
  - A. Wet hands with clean, warm, running water and apply liquid soap.
  - B. Rub hands together to lather soap and cover all areas of hands and wrist.
  - C. Continue hand washing motions for 15 – 20 seconds.
  - D. Rinse hands well under running water, allowing water to flow from wrist to fingertips.
  - E. Dry hands using clean paper towel.

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- F. Use a towel to turn off the faucet.
- G. Avoid using hot water because repeated exposure to hot water may increase the risk of dermatitis.

- 2. If soap and water is not available, an alcohol-based hand sanitizer is expected to be used.
  - A. Apply sanitizer to hands.
  - B. Rub hands together, covering all areas of hands and wrist.
  - C. Continue rubbing product over hands and wrist until areas are dry.

Maintenance will track the usage of wall mounted hand sanitizers at all Unison sites and refill them as needed.

- 3. The Infection Control Committee will monitor hand hygiene with “secret shoppers”. This will be ongoing throughout the year

### **UNIVERSAL PRECAUTIONS:**

Unison employees are expected to utilize universal (standard) precautions when encountering individuals who are or are suspected to be infected with a communicable disease to decrease the risk of exposure. These include handwashing as noted previously, the use of personal protective equipment such as gloves, gowns and masks and respiratory hygiene and cough etiquette.

Gloves will be worn by all personnel who encounter any contaminated materials. This includes, but is not limited to, all body fluid such as urine, blood, vaginal secretions, vomitus, semen and any other specimens or materials, which have the potential of carrying such organisms, which may cause disease.

Hands should be washed thoroughly before procedures and after the removal of gloves. The following situations are indications for the mandatory use of gloves:

- 1. All staff who handle dipping or processing of urine for any purpose, for example, collection of specimens for urinalysis, toxicology screens.
- 2. When hands are used for any examinations where there is likelihood of contact with body fluids. **Double-Gloving** is highly recommended.
- 3. Any staff handling infectious medical waste this includes waste packaging and transport.
- 4. Any staff giving injections at any site for any reason that involves breaking the integrity of the skin. This includes but is not limited to finger sticks and vaccines when there is reason to anticipate that site may bleed and that employee will be required to clean the site.

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5. Gloves are available in spill kits throughout the agency and the medical departments at all clinical sites.
6. Gowns and masks are also available in all medical departments at all clinical sites.

### **RESPIRATORY/COUGH ETIQUETTE:**

Employees are to practice good respiratory hygiene and cough etiquette. All employees with signs and symptoms of a respiratory infection are instructed to:

1. Cover the mouth and nose with a tissue when coughing or sneezing.
2. Dispose of the used tissue in the nearest waste receptacle.
3. If a tissue is not readily available, the sleeve of the shirt may be used contain the cough or sneeze.
4. Wear a facemask during contact with others as appropriate. Employees should also be cognizant of the health status of clients or visitors and encourage the use of masks while at the agency.
5. Wash your hands after covering your nose and mouth when coughing occurs.

### **INFECTIOUS/COMMUNICABLE DISEASES:**

Unison monitors infectious/communicable disease among employees, clients, and visitors. This is done by reporting on a Surveillance Form which is submitted to the Infection Prevention and Control Chairperson or designee.

1. No person having a reportable contagious disease (per State Health Department definition) may work or participate in any activities at any Unison until the period of active contagion has passed. Persons with chronic contagious diseases (e.g., tuberculosis) may work or participate in Unison activities if symptoms are controlled and public health authorities believe danger of contagion to be minor.
2. Persons with less serious illnesses (e.g., colds) are encouraged to stay home during the period of active contagion.
3. Persons who are coughing, sneezing, vomiting, etc., may be asked to leave the premises until the symptoms have subsided.
4. Employees will report all potentially infectious/communicable diseases for themselves, clients, and visitors to their supervisor.

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5. The supervisor will determine what steps need to be taken and should consult with the Infection Prevention and Control Chairperson or designee as needed. These may include, but not be limited to:
  - A. The employee may be required to take sick leave and/or see their health care provider if deemed appropriate. They may need a written note from their health care provider if indicated prior to returning to work.
  - B. The employee will receive instructions on preventing disease.
  - C. Before continuing treatment, clients may be required to be medically treated for the contagious disease.
6. The employee will complete a Surveillance Form upon return to work and send it to the Infection Prevention & Control Committee Chairperson.
7. The Surveillance Form will include the following:
  - A. Date of illness
  - B. Location of illness
  - C. Type of illness
  - D. Type of treatment
8. The IPCC will evaluate surveillance data received to detect outbreaks promptly and contact the Infection Prevention and Control Committee to determine if there is a need for additional actions. These may include:
  - A. Determining if control measures are needed in the short-term or long term based on the magnitude of the outbreak.
  - B. Monitoring those measures and determining their effectiveness.
  - C. Determine the need for outside consultation and reporting.
  - D. Monitoring the cases based on person, place and time of exposure.
  - E. Establishing environment of care procedures needed to prevent further outbreak.
  - F. Determine who needs additional training on what subject to prevent further outbreak.
  - G. Reviewing and revising actions taken or procedures implemented as needed.
9. The IPCC will submit the incidence of infections to the Risk Management Committee Chairperson and will compile the statistics on a site-specific basis quarterly report for trend analysis.
10. The following are the types of illnesses to be reported and recommended work status and length of absence. Clients should also be directed to report any instances of or suspected incidents of infection to their primary clinician. The primary clinician should complete a surveillance form for the client and forward it to the IPCC.

<u>DISEASE</u>	<u>WORK STATUS</u>	<u>DURATION OFF WORK</u>
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Chicken pox (varicella)	Off	For seven (7) days after eruption first appears in normal host, provided lesions are dry when they return.
Conjunctivitis (Pink Eye)	Off	24 hours after treatment.
COVID -19	Off	Must bring note from physician to return
*Hepatitis A	No client contact, no food handling.	Must bring note from private physician upon return.
Hepatitis B/C	No restrictions	Standard precautions are to be observed.
Influenza and URI	Until acute Febrile infection resolves	Evaluation and follow up by private physician.
Impetigo	Off	No client contact until crusts are gone.
German Measles (rubella) active	Off	7 days after rash appears.
Measles(rubella) post-exposure	Off	5 <sup>th</sup> day after 1 <sup>st</sup> exposure through 21 <sup>st</sup> day after last exposure and/or 7 days after the rash appears.
*Mononucleosis	Off	At discretion of private physician.
*Positive PPD Conversion	Off	Evaluation and follow up by private physician.
*Active TB	Off	Until under treatment, smears are negative for two (2) weeks.
*Scabies	Off	Evaluation and follow up by private physician.
Lice	Off	After treatment.
Strep Throat	Off	May work after being placed on appropriate antibiotic for full 24 hours, and/or symptom-free.
Ring Worm	Off	Twenty-four (24) hours after treatment.
*Pneumonia	Off	At discretion of private physician.
*Herpes Zoster (Shingles)	Off	At discretion of private physician.
Mumps	Off	Off work for 5 days.

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\*If an employee is under the care of a physician for any of the above illnesses, he/she may return to work only if he/she has a written permission from their health care provider.

### **MANTOUX TESTING:**

Unison conducts testing on 100% of newly hired employees to determine the individual's health status in regard to Tuberculosis as it is a significant public health problem.

1. New staff are to begin testing using a 1 step Mantoux skin test within 7 days of employment. This will occur during the Infection Prevention and Control training in new hire orientation and the process must be completed within the first 30 days of employment. It is the new employee's responsibility to have the results read by a nurse and the second step of testing completed. This can be done in the medical clinics at Starr or Woodruff. Documentation of completed testing is to be maintained in the employee's medical file in the Human Resources Department.
  - A. If a new employee can furnish a negative result within the last calendar year, then only a one step Mantoux test is necessary.
2. Any staff having a positive skin test result will be evaluated further by Mercy Occupational Health Services or their Primary Care Physician. The employee may not work until negative results are obtained.
3. In the event of a positive Mantoux result, an X-ray must be done as soon as possible with a copy of the report sent to Human Resources with recommendations from the treating physician. This report will be reviewed with the Infection Prevention and Control Committee Chairperson. If the chest X-ray is negative, the employee will be allowed to return to work.
4. If the chest X-ray, or other tests the physician may have ordered, are positive for tuberculosis, the employee cannot return to work until deemed non-contagious by their physician, and an Infection Control Surveillance Form is submitted. This return to work must be in writing with any recommendations.
5. Interns are to be tested at their college health center or provide evidence of a negative test within last six months before starting. A written report of the testing will be maintained in Human Resources.

### **TUBERCULOSIS:**

All employees will adhere to the following procedure in cases where there is a confirmation of tuberculosis, or a suspicion that a person may be infected due to symptomatology exhibited, inclusion in a high-risk category, positive Mantoux test or combination of these.



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1. Employees will be asked about prior exposure or treatment for tuberculosis. If the employee is considered high risk, go to #6. If prior treatment history can be established, go to #9.
2. Employees or clients who display the key respiratory signs and symptoms should be reported to the Infection Prevention and Control chairperson or designee. Any incident report that details a persistent cough of three weeks or more duration with blood-tinged sputum, hoarseness, fever, chills, night sweats, anorexia and unexplained weight loss will be forwarded to the Infection Prevention and Control chairperson or designee for immediate review.
3. Immediate arrangements will be made with the employee or client to be tested, and the employee or client will be requested to cover their mouth and nose when coughing, put on a face mask and to exit the agency.
4. The Infection Prevention & Control Committee will review the incident report and will follow through with any arrangements made for the employee or client. This is to be done within 24 hours.
5. If the employee is considered high risk after review or after initial positive testing, they will be instructed to remain home until cleared by their health care provider to return. In the case of a client, appropriate personnel will be instructed to:
  - A. Minimize contact with the client.
  - B. Have contact with the client only in a large well-ventilated area.
  - C. Request that client wear a surgical mask to minimize droplet formation.
  - D. Regardless of risk category and in the absence of any prior treatment for tuberculosis, the client will be scheduled for a Mantoux skin test or and the earliest opportunity using the two-step procedure. If the first test is negative the test is repeated in 1 to 2 weeks. A second negative test result usually represents a truly negative reaction.
  - E. If the client refuses to submit to Mantoux Two Step testing, they will be directed to seek treatment from their primary care physician and may be restricted from receiving services until cleared by their physician.
6. The primary screening tool for tuberculosis is a skin test. The intradermal Mantoux test should be used to determine if tuberculosis infection has occurred. This test should not be administered to employees or clients with documented history of positive Mantoux testing.
  - A. The Mantoux test is performed by the intradermal injection of 0.1 ml of PPD tuberculin containing 5 TU (Tuberculin Units) into the dorsal surface of the forearm. The injection should be made with a disposable tuberculin syringe which is then discarded according to infection control policy dealing with sharps. The injection should be made just beneath the surface of the skin. With the needle bevel facing upward to produce a discrete, pale elevation of the skin 6 mm to 10 mm in diameter.
  - B. The Mantoux test should be read 48 to 72 hours after the injection. However, if the employee

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or client fails to show up for the scheduled reading, positive reactions may still be measurable up to one week after testing. The reading should be based on measurement of induration not erythema. The diameter of induration should be measured transversely to the long axis of the forearm and recorded in millimeters.

- C. If the reaction is negative (see #4) the employee or client should be re-scheduled for a second Mantoux within a 1-2 week period. If initial test is negative and the employee is asymptomatic and at low risk based on risk assessment, no further testing is required.
  - D. Personnel with a positive 1<sup>st</sup> test, who are asymptomatic, unlikely to be infected with TB, and at low risk based on risk assessment should have a 2<sup>nd</sup> test. If both the 1<sup>st</sup> and 2<sup>nd</sup> test are positive, the employee should then be considered infected and referred for additional testing.
  - E. A positive reaction to #1, Mantoux test may be indicative of past history of active tuberculosis. The employee or client should be specifically questioned about prior history in regard to previous exposure or treatment for tuberculosis. The course of action will be determined by answers to these questions. See #9.
  - F. The reading on the second step of the Mantoux test will define if the client has been exposed to active T.B.
7. If the employee or client is determined to have a positive reaction to either step of the Mantoux test, the following steps will be implemented:
- A. The Risk Management Chairperson, Medical Director, Infection and Prevention Control Committee, and the client's primary provider will be immediately notified and the client will be scheduled for chest X-rays with arrangements made for a formal medical evaluation. Employees will be referred to their health care provider or Mercy Occupational Health Services as appropriate.
  - B. A release of information form should be obtained from the client in order to expedite information sharing with appropriate individuals or agencies.
  - C. Attempts will be made to identify any others at risk in the client's home or place of residence as well as any employees who had contact with the client. In particular any persons who have prolonged or close contact to the client, anyone suspected of having HIV in the household, anyone showing symptomatology (see #1) anyone undergoing immune suppression therapy, or children up to adolescents in the household.
  - D. The Lucas County Health Department will be notified within 48 hours along with any information assembled covering high-risk persons in the household. This will be done regardless of whether a release of information is signed in accordance with CDC Guideline (00-5763).
  - E. For contact with employees after the suspected case of tuberculosis is identified, several precautions will continue, and other precautions put into place.
    - i. Client contact will be discontinued temporarily or be scheduled on a specific as-needed basis as determined in 8(c). The client will be requested to wear a surgical mask to minimize droplet formation if there are pulmonary symptoms present. Appointments with the client will be in large airy rooms or on the outside.
    - ii. Employee seeing the client will contact the IPCC and an OSHA approved HEPA FILTERED MASK will be obtained for both the employee and the suspected infected client to wear at

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necessary appointments.

- iii. The employee should document each contact with the client including the date, duration of contact, environment, safety precautions used, and any symptomatology exhibited by client.
  - iv. The Infection Prevention and Control Committee will follow up to determine the response of the client to suggest follow up by contacting their primary physician or public agency for progress reports.
  - v. Employees will be informed of results of their Mantoux testing and advised of any further treatment that they should consider.
  - vi. Employees having close or prolonged exposure to the client will also be advised to report any physical symptoms listed under #1 that they themselves are experiencing.
8. Follow-up treatment of confirmed tuberculosis carrier will be as follows:
- A. Confirmation of T.B. will be obtained from primary physician, hospital, public health department or any other official authority and documented in the medical record.
  - B. Continuation of ongoing treatment at Unison will be determined by communication with the treating entity, the reported response to treatment and the person's cooperation or resistance to treatment.
  - C. Lack of medical follow-up, refusal of treatment or poor compliance with treatment regimen will directly affect level of contact with the client. The level of contact will be determined jointly by the President/Chief Executive Officer or designee, Chief Clinical Officer/Medical Director and Prevention and Infection Control Committee.
9. Prior exposure or treatment for Tuberculosis.
- A. If it is determined at time of hiring or through the intake process, that a person has had prior exposure to or treatment for Tuberculosis, attempts will be made to obtain medical records to determine the outcome of such exposure or treatment. (For employees refer to Mantoux Testing section of this policy.)
  - B. The individual will be questioned specifically about circumstances of exposure and compliance with treatment.
  - C. A Mantoux test should not be given or repeated.
  - D. The individual will be tested with follow-up chest X-rays if indicated by symptomatology as listed in #2 of this procedure.

## HEPATITIS A:

All employees and clients will adhere to the following procedure in cases where there is a confirmation of Hepatitis A or that a person may be infected due to symptomatology exhibited and/or a recent exposure at a location with a confirmed case of Hepatitis A. The following procedures should be followed as determined by the information known at the time of the report.

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- 1) Unconfirmed Case of Hepatitis A – Client
  - a. If at the agency, direct the client to leave the agency.
  - b. Direct the client to follow up with their primary care physician or local health department.
  - c. The client may return to Unison upon confirmation of negative results
- 2) Unconfirmed Case of Hepatitis A – Employee
  - a. If at work, direct the employee to leave the agency. If at home, they are not to come to work.
  - b. Direct the employee to follow up with their primary care physician or local health department.
  - c. The employee may return to work upon confirmation of negative results.
- 3) Confirmed Hepatitis A –Client
  - a. When confirmed through lab results, notify client of result or if client notifies us of positive result from testing.
  - b. Instruct client to follow up with their primary care physician.
  - c. Client may return for services upon providing a physician certification that treatment is completed and they are no longer contagious.
  - d. If client was recently on premises and any employees were exposed, they should be notified of potential exposure and be sent to occupational medicine for evaluation and treatment as needed.
- 4) Confirmed Hepatitis A – Employee Exposure (non-work related)
  - a. The employee cannot work.
  - b. They should be directed to follow up with their primary care physician.
  - c. The employee may return to work upon providing a physician certification that treatment is completed, and they are no longer contagious.
- 5) Confirmed Hepatitis A – Employee Exposure (work related)
  - a. The employee cannot work.
  - b. They should be sent to occupational medicine for evaluation and treatment as needed.
  - c. Follow instructions of occupational medicine regarding the employee’s ability to return.

#### Surface Cleaning

In all the above cases all exposed surface areas should be thoroughly cleaned. In unconfirmed cases, wipe down and clean with a 1:1 bleach/water ratio solution. In confirmed cases, contact a certified cleaning company.

#### COVID 19:

Unison has conducted a workplace hazard assessment related to COVID-19. Based on the assessment, the following controls have been put in place:

- a. All individuals entering the facility are screened per policy # 563.
- b. Employees are required to take their temperature prior to entering the facility. Employees whose temperature is at 100.4 or above are not permitted to come into work.
- c. Employees are required to physical distance at least six feet.
- d. Employees are required to wear face masks when in common areas or with

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- others. Facemasks are required to be worn over the mouth and nose.
- e. Exemptions to facemask requirements are as follows:
    - i. When an individual is alone in a room.
    - ii. When they are eating or drinking provided they are six feet away from any other person or separated from others by a physical barrier.
    - iii. When employees are wearing respiratory protection if required.
    - iv. When it is important to see a person's mouth, however the individual must wear a face shield, if the conditions permit it. Face shields must be cleaned daily and not used if damaged.
    - v. When employees cannot wear a facemask due to a medical condition, medical necessity or disability as defined in the Americans with Disability Act.
    - vi. When it is determined the maintenance staff cannot use a facemask due to the hazard of serious injury or death. These individuals must remain at least six feet from all other people unless Unison determines it is not feasible.

Unison will provide personal protective equipment as needed to employees. This includes but is not limited to facemasks, face shields, gloves, gowns, shoe covers, goggles.

When it is determined an employee must physically see a client due to an injection being needed, they must follow the protocol in administrative policy # 563 and # 1046. Employees are to clean and disinfect surfaces or equipment where an individual with a suspected case of COVID was seen in accordance with CDC guidelines.

Employees are required to report all cases of suspected exposure or confirmed cases of COVID-19 to the safety coordinator. The safety coordinator will screen everyone, determine if testing is needed and recommend locations to secure testing, report results if tested and determine appropriate timeframe for return to work according to CDC guidance. The safety coordinator will maintain a log of all exposures and notify other individuals who may have been exposed. The safety coordinator will work with human resources to coordinate any reporting of work-related hospitalizations or deaths as required by the Occupational Safety and Health Administration (OSHA).

The safety coordinator will arrange for vaccinations for all employees who desire to receive one. The safety coordinator will educate staff on the benefits of vaccine. The safety coordinator will maintain a list of all employees who have received the vaccine. Employees will be given reasonable time and paid administrative leave to receive the vaccine and recover from any side effects.

### **INFLUENZA PREVENTION VACCINATION PROGRAM:**

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To prevent the spread of influenza, Unison will encourage all employees annually to receive an influenza vaccine. These will be given to employees at no cost through the agency Physical Health Clinics. An influenza vaccination and non-vaccination education and prevention fact sheet will be placed in the agency newsletter as well as sent to all employees via email. Employees who do not receive the vaccination at Unison will be asked to provide proof of vaccination elsewhere or will be required to sign a declination form.

The agency has set a goal to steadily increase the vaccination rate of employees receiving the Influenza vaccine annually to achieve the 90% target in 2020. The target goals are as follows:

Year	Target Goal
2015	45%
2016	54%
2017	63%
2018	72%
2019	81%
2020	90%
2021	81%
2022	81%

The Influenza vaccination rate of the employees as well as the reasons for declining the vaccine will be determined each year. The Infection Prevention and Control Committee will review these in relation to the goals set and make recommendations on how a higher participation rate may be achieved. The results will be reviewed annually in the Risk Management Meeting.

### **EDUCATION AND TRAINING:**

All employees will receive Infection Prevention and Control training during new hire orientation including Standard Precautions. An annual review of Infection Prevention and Control issues for each employee is incorporated into the annual education packet.

Continuing education programs based on results of surveillance and intervention plans to reduce the risk of infection are provided by appropriate personnel, as they are identified by the Infection Prevention and Control and Performance Improvement in collaboration with the Risk Management Committee. Pertinent information regarding infection prevention and control articles, changes in procedures or protocols are placed in agency newsletter and/or distributed through agency email.

To ensure competency in handwashing, the Director of Nursing Services, or designee, will observe nurses and medical assistants' hand washing techniques on an annual basis.

### **PROGRAM REVIEW AND IMPROVEMENT PROCESS:**

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The Infection Prevention and Control Committee conducts an annual review of the Infection Prevention and Control Plan and all associated activities to formulate goals and identify areas for improvement. IPCC statistics are summarized annually and compared to prior years to identify trends not previously noted. The following statistics are maintained, compared to the established goal and reported on:

1. Percentage of employees receiving the influenza vaccination (incremental increases until 90% is achieved by target year of 2020).
2. Spill Kit Usage (will be used in 100% of exposure incidents).
3. Percentage of Surveillance Forms reviewed (100% is goal).
4. Outbreak of Specific Disease Process identified through surveillance (100% of exposures will have intervention).
5. New hire TB Testing (100% will receive testing).

The program will be reviewed and revised annually based on:

1. Realistic goals
2. Measurable outcomes
3. Appropriate indicators
4. Adequacy of intervention and follow-up
5. Adequacy and accuracy of data collection
6. Education of staff regarding safety/protections and programs including but not limited to:
  - A. OSHA/Bloodborne Pathogen regulations
  - B. TB/Respiratory Protection Procedures
  - C. Isolation Precautions/Procedures
  - D. Yearly TB Screening of employees, volunteers, and students
  - E. TB screening of new employees at the time of initial orientation
  - F. Hepatitis B Vaccination
  - G. COVID-19