**POLICY**

Ohio Living Home Health and Hospice is committed to reducing the risk of acquisition and transmission of health care associated infections (HAIs). To determine the effectiveness of the infection control plan, Ohio Living Home Health and Hospice will measure, assess, improve, and redesign (as appropriate) the performance improvement program.

***Definitions***

The following definitions describe terms used by Ohio Living Home Health and Hospice throughout this section.

1. *Aseptic*: Near-sterile technique referring to methods used to prevent the spread of microorganisms.
2. *Blood:* Human blood, human blood components, and products made from human blood.
3. *Bloodborne Pathogens:* Pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV).
4. *Body Fluids*: Emesis, sputum, feces, urine, semen, vaginal secretions, cerebrospinal fluid (CSF), synovial fluid, pleural fluid, pericardial fluid, amniotic fluid, and human breast milk; along with other fluids such as nasal secretions, saliva, sweat, and tears.
5. *Clinical Laboratory*: Workplace where diagnostic or other screening procedures are performed on blood or other potentially infectious materials.
6. *Contaminated*: The presence, or the reasonably anticipated presence, of blood or other potentially infectious materials on an item or surface.
7. *Contaminated Materials:* Reusable materials that have been exposed to or contaminated by blood or body fluids. These materials may be transported to destinations outside the patient’s home (i.e., blood specimens to laboratories).
8. *Contaminated Laundry:* Laundry that has been soiled with blood or other potentially infectious materials, or may contain sharps.
9. *Contaminated Sharps:* Any object capable of cutting or penetrating the skin that has been in contact with blood or body fluids, including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.
10. *Contaminated Wastes:* Disposable materials that have been exposed to or contaminated by blood or body fluids.
11. *Decontamination:* The use of physical or chemical means to remove, inactivate, or destroy *b*loodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.
12. *Exposure Incident:* A specific eye, mouth, or other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious material(s) that results from the performance of an organization personnel's duties.
13. *Hand Antisepsis:* Refers to either antiseptic hand wash or antiseptic hand rub.
14. *Hand Hygiene:* A general term that applies to either hand washing, antiseptic hand wash, antiseptic hand rub, or surgical hand antisepsis.
15. *Hand Washing:* Washing hands with plain (i.e., non-antimicrobial) soap and water.
16. *Infectious Wastes* are defined as:
	1. *Sharps:* Any waste capable of producing injury including, but not limited to, contaminated needles, syringes, scalpels, and disposable instruments.
	2. *Blood, Blood Products,* and *Body Fluids*: All waste blood, blood products, and body fluids greater than 20ml. (2/3 oz.) in volume that exist in a free liquid state and cannot be carefully poured down a drain.
17. *HBV:* Hepatitis B virus.
18. *HIV:* Human immunodeficiency virus.
19. *Occupational Exposure:* Reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious material(s) that may result from the performance of an organization personnel's duties.
20. *Penetrating Injury:* Piercing mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts, and abrasions.
21. *Personal Protective Equipment (PPE):* Specialized clothing or equipment worn by personnel for protection against a hazard. PPE will be considered “appropriate” only if it does not permit blood or other potentially infectious materials to pass through or reach organization personnel's work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used. General work clothes, (e.g., uniforms, pants, shirts, or blouses) not intended to function as protection against a hazard, are not considered to be personal protective equipment.
22. *Source Individual:* Any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to personnel.
23. *Sterilize:* The use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.
24. *Standard Precautions:* An approach to infection control where all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.
25. *Targeted or Priority-directed Surveillance:* Surveillance activities that focus on specific patient populations or specific procedures.
26. *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.
27. *Work Practice Controls:* Controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting recapping of needles by a two (2)-handed technique.)
28. *Nosocomial Infections*: This type of infection is known as a hospital-acquired infection. These infections are a result of treatment in a hospital. Infections are considered nosocomial if they first appear 48 hours or more after hospital admission or within 30 days after discharge.

**PROCEDURE**

1. Ohio Living Home Health and Hospice educates all personnel on infection control policies, procedures, and their responsibilities for implementation.
2. Each employee’s potential occupational exposure is determined by job classification in accordance with state and federal law and OSHA mandates.
	1. Upon hire, employees in Categories I and II are offered the opportunity to receive free of charge, a vaccine to protect against the Hepatitis B virus. The administration of the vaccine includes all appropriate initial vaccines, boosters, follow-up tests, and lab work as indicated.
	2. Employees that wish to decline the vaccine must sign a statement of declination that is kept in a confidential part of their personnel file.
	3. Employees are provided personal protective equipment as appropriated based on the potential for an occupational exposure as determined by their job classification
3. Personnel are provided training on the basics of transmission of pathogens to patients and personnel, bloodborne diseases, respiratory diseases, the use of standard precautions, infectious waste management, and other infection control procedures when their work activities may result in an exposure to blood droplets, other potentially infectious materials, or when differentiation between body fluid types is difficult or impossible.
4. Ohio Living Home Health and Hospice utilizes its safety and performance improvement process to identify risks for the acquisition and transmission of infectious agents on an ongoing basis. Sources of infection (Nosocomial, home acquired, and professional exposure) will be tracked as well as the type of infection.
5. The infection control plan is monitored and evaluated in the annual program evaluation and in conjunction with the review of the organization’s safety and performance improvement activities.
6. Success or failure of interventions for preventing and controlling infection are addressed.
7. Evolution of relevant infection control and prevention guidelines based on evidence and/or expert consensus are considered.
8. The Clinical Team Leader or designee will be responsible for managing and coordinating infection control activities and reporting of infection control activities to the Quality Assurance and Performance Improvement Committee and other appropriate authorities.