

INFECTION CONTROL PLAN

3021

COBB COUNTY COMMUNITY SERVICES BOARD

Foster Norman

Foster Norman, Executive Director

8/24/19

Date

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AGENCY INFECTION CONTROL PLAN

The responsibility for the Infection Control Plan is overseen by the Infection Control Professional (ICP) and/or the Director of Nursing, and the agency nurses under the direction and guidance of the Infection Control Professional (ICP), along with the Director of Nursing (DON). The Infection Control Professional is an individual whose credentials document knowledge of, special interest in, and/or experience in infection control. The Infection Control Professional, Director of Nursing and Infection Control Physician (Medical Director), when necessary, make up the Infection Control Team (ICT).

In this agency, health care associated infections are low incidence secondary to the majority of individuals receiving outpatient services; therefore health care associated infection(s) attack rates are not calculated on a regular basis. In an event of a cluster outbreak incident, the ICP and/or DON will monitor the status of the infection, collect data, and report appropriate outcomes of any outbreaks to the ICT as necessary.

In our Behavioral Health Crisis Center/Crisis Stabilization Unit (BHCC/CSU) and other Residential locations, there is a higher risk for health care associated infections than at the outpatient sites due to the closer proximity of the individuals to each other. In addition, the individuals tend to have higher acuity needs, which may predispose them to more community based infections. They also may need more assistance with their hygiene, addressing their activities of daily living and having the insight into controlling the spread of infections. The ICP and/or DON will ensure incident reports are completed for any infection in these areas. In an event of a cluster outbreak incident, the ICP and/or DON will monitor the status of the infection, collect data, and report appropriate outcomes of any outbreaks to the ICT as necessary.

Please see Attachment A for how various infections and exposures are addressed/handled in the BHCC/CSU.

The ICP reports any diseases related to potential bio-terrorism agents to the local Public Health Department. The agency works closely with the Public Health Department and serves as a first responder with the county's District Emergency Assistance and Resource Team, D-HEART. Any diseases such as pandemic flu, Ebola, or other contagious diseases the CSB will follow the instructions of Department of Public Health and or Centers for Disease Control and Prevention (CDC).

An infection control surveillance system will provide a systemic collection of information about infection(s) within the programs, and the analysis of that information to determine the type, the site, and the causative factor of the infection. With this information, corrective actions may be taken to keep infection(s) at the lowest possible level. The ICP is notified of all incident reports involving infections and infectious diseases. Any contagious infection control issues are reported and discussed with the DON and the Public Health Department. The final reports are discussed with the Ethics and Compliance Committee.

The Infection Control Plan will reflect current and updated information by the CDC and Public Health Department.

Best Practices

1. Use of standard precautions.
2. Prevention of infections.
3. All employees are asked to be role models for best practices, advocates of best practices and advisors to individuals and visitors on prevention and control of infection.
4. The key message for all staff will be achieved by the compliance with practice in the following areas: hand hygiene, cleaning and challenge poor practice regarding best infection control practices

The Infection Control Professional Duties

1. Raise awareness of staff, individuals and visitors on infection control prevention.
2. Raise confidence of staff, individual, visitors and other stakeholders that the CSB is taking seriously infection control prevention.
3. Change behavior through clear and accessible messages that encourage best practices.
4. Inform and educate staff, individual, visitors, and stakeholders about facts, myths, prevalence, prevention and treatment of healthcare associated infections.
5. Seek feedback concerning questions and suggestions in order to enhance CSB infection control practices. Feedback is through phone calls, cell phone texts, emails or face to face encounters.
6. The ICP is available as needed.
7. Establishes the standard criteria for reporting all types of infectious diseases.
8. Establishes and approves actions to prevent or control infections based on an evaluation of the surveillance reports of the infections and others.
9. Works with the Environment of Care members
 - a. Regarding guidelines for the purchase of equipment, determine supplies used for disinfecting and decontamination based on antimicrobial activity and safety of the product.
 - b. It provides policies regarding any major change in cleaning products or techniques. Material Data Safety Sheets (MSDS) are required for each product.
 - c. Establish guidelines for the purchase of art supplies involving mediums, stains, paints, glues, acrylics, etc. Supplies must be non-toxic and MSDS are required for each art medium.

Bio-hazardous waste (see also Policy #3011 - Bio-Hazardous Waste and Hazardous Material)

1. All bio-hazardous waste and hazardous materials will be safely placed in waste containers with a bio-hazardous warning label/sign. Proper disposal of waste is conducted through a chemical product and/or with a management waste company.
2. All contaminated waste will be controlled.
3. All syringes and needles, including blood draw needles, will have safety devices.

Blood borne Pathogens (see also Policy #3037- Exposure Control Plan)

The purpose of the agency's Exposure Control Plan is to protect the health and safety of all employees who can reasonably be expected, as the result of performing their jobs duties and/or performing any other activities, to be exposed to blood and other bodily fluids.

Education

1. Employees

- a. Educational updates concerning blood borne pathogens are presented to new hires at the time of orientation and annually to staff and/or as needed.
- c. Infection control updates from CDC and the Community health department are given to employees as needed.

2. Individuals

- a. Education regarding infection control prevention at sites will be monitored by the nursing staff.
- b. Individuals admitted to residential settings, the Behavioral Health Crisis Center/Crisis Stabilization Unit (BHCC/CSU), substance abuse programs and day programs are screened for tuberculosis. Screening is also done annually with a individual if he or she is still in a SA day program. (See Policy # 3030 – Tuberculosis Prevention)
- c. Individuals in residential sites and in day programs are given a handout on infection control on admission and annually as needed.
- d. Individuals in the BHCC/CSU are provided a handout on infection control on admission, which is reviewed with the individuals. These methods to prevent the spread of infection are also reviewed during daily community meetings.

Individuals will be asked to leave their program, temporarily until cleared by their physician, if there is evidence of potential spread of infection to others

Emergency Disaster Preparation

The ICP receives updates from the local and state health departments regarding emerging infections in the community and state.

Facility Operations Infection Control Practices

- a. Facilities can choose to maintain an annual service contract with a licensed, professional pest control company to minimize the potential for pest-induced infections. For short-term problems with ants, roaches, etc., the staff assesses and treats for specific and limited pest and rodent problems according to label on can.
- b. The Facility Operations staff, when working in areas that individuals or employees may enter and which could spread germs into the facility, should maintain vigilance so that transmission of infection is held to a minimum.
- c. The Facility Operations staff is to use personal protective equipment when working in an area that is known to be contaminated with blood and/or body fluids.

Hand washing (See Also Policy #3037 and Standard/Universal Precautions # 3027)

Hand washing is easy to do and it's one of the most effective ways to prevent the spread of many types of infection and illness in all settings. Wash your hands signs and the techniques of proper hand washing are placed near every sink in the agency. Attachment C

When facilities are not available to wash hands hand sanitizers are available with the techniques on how to use sanitizer properly/effectively posted. Attachment D

Hepatitis B Virus

1. The Hepatitis B virus is 50–100 times more infectious than HIV and can be passed through the exchange of body fluids, such as semen, vaginal fluids, and blood. The best way to prevent Hepatitis B is to get vaccinated.
2. Employees who have consistent direct contact with consumer care and have not had the Hepatitis series prior to hire are offered the Hepatitis B series.
3. Employees at any location with direct individual contact are also advised to follow Standard/Universal Precautions when interacting with all individuals, especially the body fluids mentioned above, to prevent the spread of the Hepatitis B virus.

HIV/AIDS

1. Human immunodeficiency virus, or HIV, is the virus that causes Acquired Immune Deficiency syndrome (AIDS). The virus weakens a person's ability to fight infections and cancer. Having HIV does not always mean that you have AIDS. It can take many years for people with the virus to develop AIDS.
2. HIV education and testing is handled by the HIV/AIDS Educator.
3. Employees at any location with direct individual contact are also advised to follow Standard/Universal Precautions when interacting with all individuals to prevent the spread of the HIV virus and/or AIDS.

Illness

1. Employees are asked **NOT** to come to work and individuals are asked not to attend any day programs with the following symptoms:
 - a. Fever greater than 100 degrees F. (oral and/or otic). **If there is a fever do not return to work until 24 hours after the fever has returned to normal.**
 - b. Fever greater than 99 degrees F. (dermal)
 - c. Two or more episodes of vomiting or diarrhea (not related to antibiotic treatment)
 - d. Any open wounds that are draining and appear infected
 - e. Skin rashes not cleared by your physician
 - f. Chicken pox which are not crusted/dry
 - g. Evidence of head lice or nits
 - h. Any eye infections

Infection Control in Residential Sites

1. Infection prevention cleaning is carried out in sites.
2. Housekeeping techniques are conducted with employees working in a residential setting.
3. Housekeeping practices will be adhered to which will reduce the potential transmission of infection through contaminated objects.
4. Only approved cleaning agents/chemicals are permitted and a MSDS is present with each product.
5. Proper food preparation techniques and hygiene behavior will be maintained and supervised.

Overview of Infection Control at the BHCC/CSU (see also Attachment A)

1. Infection prevention cleaning of the entire site is performed 3 times daily.

2. Housekeeping practices will be adhered to which will reduce the potential transmission of infection through contaminated objects.
3. Only approved cleaning agents/chemicals are permitted and a MSDS is present with each product.
4. Proper food preparation techniques and hygiene behavior will be maintained and supervised.
5. Linen collection is performed in the morning on a daily basis.
6. Each individual room is cleaned in the morning on a daily basis.
7. Staff supervise individuals to wash their laundry in the morning on a daily basis.
8. Standard/Universal Precautions are used during interaction with all individuals regardless of their diagnosis or presumed infection status.
9. Individuals are asked to use hand sanitizer and hand washing before and after restroom use and before eating meals to avoid infection.

Notifiable Disease Condition Reporting

1. Hepatitis A, B, C, D, HIV, tuberculosis, sexually transmitted diseases (syphilis & gonorrhea), and the other contagious diseases listed on the Georgia Department of Community Health Notifiable Disease Condition reporting form are considered notifiable diseases and will be reported to the local County Health Department by the ICP, and/or the agency nurses.
2. If there is ongoing infection control surveillance all notifiable disease reporting will be conducted according to Public Health Department and CDC standards .Attachment B

Nursing Staff

1. The site nurses and/or the ICP will investigate any infectious disease(s) when there is evidence of the following:
 - a. Documentation of conversion to positive Tuberculin skin test (TST),
 - b. Reporting or documentation of any sexually transmitted diseases,
 - c. Any illnesses requested by nursing personnel, physician, or staff member of a potential infectious nature.
2. Vials that are labeled as single-dose or single-use should be used for a single individual and single procedure/injection. Even if a single-dose or single-use vial appears to contain multiple doses or contains more medication than is needed for a single patient, that vial should not be used for more than one patient nor stored for future use on the same patient.
3. Nurses will use only needles and syringes that have safety devices.
4. During nurses' meetings and when needed the agency nurses are updated on new procedures, policies and revisions involving infection control issues.
5. The internet (mainly the CDC site) is used as a reference for all nurses. Also the nurses work closely with Public health if ever a contagious disease outbreak occurs.

Orientation

1. New Hires
 - a. There will be orientation of all new hires to the Infection Control Plan. Each new employee is given an Infection Control Packet. The areas that are covered at orientation are bio-hazardous waste, cleaning agents, emergency disaster plan, exposure plan, hand washing techniques, HBV, HCV, HIV, illness, needle sticks, personal protective equipment, standard precautions and tuberculosis prevention,

- b. New employees who have direct contact with individuals are offered the HBV vaccine within ten days of employment. If new hires refused the HBV vaccine then a declination form is signed.
- c. New hires are trained in CPR/AED and First Aid.
- d. New hires are responsible to have a tuberculin screening/testing prior to employment.

Personal Protective Equipment

1. Personal protective equipment (PPE) refers to aprons, gloves, goggles, masks and shoe cover and any other garments or equipment designed to protect the wearer's body from injury
2. Hand washing techniques are taught to staff and individuals. Wash hands signs are at each sink in the agency where hands are washed.

Standard/Universal Precautions (see also Policy # 3027)

Standard Precautions apply to blood and any other body fluids containing visible blood. Standard Precautions also apply to semen, vaginal secretions, urine, feces, sputum, vomitus, nasal secretions, and breast milk, sweat and tears. However, because other communicable agents are present in these body substances, use of gloves for direct contact is recommended. Personal protection equipment is worn by all staff when in contact with blood and body fluids or in a situation that there is at risk for spills and splashes. Employees are encouraged to **wash their hands** after wearing any personal protective equipment.

Tuberculosis Prevention (see also Policy #3030)

1. Tuberculin screening and, if indicated, skin tests are required yearly for employees.
2. For positive tuberculin skin test, employees will be referred to their family physicians and/or the Community Health Department. The results of findings will be reported to the Infection Control Professional/DON and an agency incident report to the Client Rights Representative. A copy of the report is kept in employee's record in the Human Resources department.

Vehicle Infection Control Practices

Agency vehicles will contain supplies necessary to prevent transmission of potential infections.

Related Policies; This plan/policy should be used in conjunction with the following policies:

- a. *Exposure Control Plan – Policy #3037*
- b. *Employee Occupational Exposures Regarding Needle Sticks – Policy #3034*
- c. *Bio-Hazardous Waste and Hazardous Material – Policy # 3011*
- d. *The various policies listed individually at the end of this plan*

Infections that have a higher risk of occurring in the agency are the following

1. *C-difficile, #3040*
2. *Ebola #3043*
3. *Ecoli, etc. #3042*
4. *Lice #3023*
5. *MRSA #3041*
6. *Scabies #3026*
7. *Tinea pedis #3039*
8. *Influenza and the Common Cold #3022*

For a BHCC/CSU Potential Outbreak situation, please see Attachment A)

BEHAVIORAL HEALTH CRISIS CENTER/CRISIS STABILIZATION UNIT (BHCC/CSU) INFECTION AND EXPOSURE CONTROL PLAN SUPPLEMENT

The Cobb County Community Services Boards' Behavioral Health Crisis Center/Crisis Stabilization Unit (BHCC/CSU) adheres to the Department of Behavioral Health and Developmental Disabilities' Policy 01-337, CSU: Infection Prevention and Control. It is understood that although many procedures related to infections and exposures are universal in how they are addressed, this unit/program/service has some unique concerns related to the close proximity and high acuity needs of individuals/individuals, employees and visitors. Therefore, this supplement attachment has been created to address these nuances, as well as to provide a guide of where/how to find the information/procedure if it is contained as part of another policy. The BHCC/CSU and the associated Crisis Service Center and/or Temporary Observation services have developed and implemented policies for infection prevention and control that protect individuals, visitors, employees, and others from Healthcare Associated Infections (HAIs) to promote a healthy environment.

Navigation of policies

- 1) Standard/Universal precautions are defined and the use of personal protective equipment when handling blood, body substances, excretions and secretions (addressed above in the Infection Control Plan, as well as in the Exposure Control Plan – Policy # 3037 and Standard/Universal Precautions Policy # 3027)
 - a) Proper hand washing techniques (located in the Infection Control Plan and the Exposure Control Plan – Policy #3037)
 - i) Additionally, to prevent infection in the BHCC/CSU, hand washing facilities are provided in both the kitchen and the bathroom areas and include hot and cold running water, soap dispensers, and disposable towels. Throughout the unit there are also hand sanitizing units for the individuals, employees and visitors to utilize.
- 2) Proper disposal of biohazards, such as potentially infected waste and spills-management, needles, lancets, scissors, tweezers and other sharp instruments is described (located in Bio-Hazardous Waste and Hazardous Material – Policy #3011 and the Exposure Control Plan Policy #3037)
- 3) Prevention and treatment of needle-stick/"sharp" injuries (located in Employee Occupational Exposures Regarding Needle Sticks - Policy # 3034)
- 4) The management of common illnesses:
 - a) Methicillin-Resistant Staphylococcus Aureus (MRSA) (Policy # 3041)
 - b) Influenza and Colds (Policy # 3022)
 - c) Gastrointestinal viruses (Policy #3042)
 - d) Pediculosis, tinea pedis, scabies (Policy # 3023, 3039 and 3026)
- 5) Specific procedures to manage infectious diseases
 - a) Tuberculosis (Policy # 3030)
 - b) Hepatitis B (Policy # 3019)
 - c) Human Immunodeficiency Virus (HIV), Acquired Immune Deficiency Syndrome (AIDS) (Infection Control Plan and Policy, Exposure Control Plan #3037)
 - d) Other infectious diseases (C-difficile – Policy #3040, Ebola – Policy # 3043 and Exposure Control Plan #3037)

- 6) Handling and maintenance of individual care equipment (Exposure Control Plan #3037, Policy # 9024 Oto-ophthalmoscope-Cleaning, Policy #9028 Nebulizer-Instructions, #9029 Oxygen Tank Monitoring and Maintenance).
- 7) In the BHCC/CSU, the hygienic practices and procedures for the management of linens and minimizing healthcare-associated infections are as follows (see also Policy #3112 - Handling Laundry Items; Using Bleach; and Care of Washer and Dryer)
 - a) For the collection, sorting, transporting, washing and storage of soiled linens, the practices are based upon a cited expert source (such as the U.S. Centers for Disease Control and Prevention) and updated annually to ensure the procedures reflect evolving standard practice.
 - i) Collection of Linens soiled in urine:
 - (1) Universal/standard precautions will be maintained as soiled linens are collected to include the use of Personal Protective Equipment, such as disposable gloves.
 - (2) Soiled linens are removed from individual/individual room with minimal agitation and placed in a clear plastic bag which is securely tied to prevent leakage.
 - (3) Soiled linens are transported to the housekeeping laundry room.
 - (4) Soiled linens are washed with hot water and bleach and then dried.
 - (5) Collection of dirty linens:
 - ii) Universal/ standard precautions will be maintained as dirty linens are collected to include the use of Personal Protective Equipment, such as disposable gloves.
 - (1) Dirty linen is collected in the dirty linen bins located near the ADL boxes on both sides of the hallway on the CSU unit.
 - (a) On the Temporary Observation Unit, the dirty linen collection bin is located by the right exit door.
 - (2) The dirty linen bin is then transported to the housekeeping area and stored in the dirty linen closet.
 - (3) Dirty linen is picked up every Thursday by a linen cleaning company.
 - (4) At the same time of dirty linen pick up, clean linens are delivered.
 - iii) Collection of contaminated linens (to include contamination with any fluid visibly contaminated with blood or potentially contaminated with blood and any other bodily secretions):
 - (1) Universal/standard precautions will be maintained as contaminated linens are collected to include the use of Personal Protective Equipment, such as disposable gloves).
 - (2) Contaminated linens are collected with minimal agitation and placed in a red biohazard bag which is securely tied to prevent leakage.
 - (3) The red biohazard bag is transported to the biohazard closet where it is then placed in a biohazard box and taped shut.
 - (4) Biohazard materials are picked up by a contracted biohazard company, Stericycle, on a monthly basis.
 - iv) At a minimum, the facility:
 - (1) Has immediately available a quantity of clean bed linens and towels, etc., essential for the proper care of individuals/individuals at all times; and
 - (2) Has collection, sorting, and cleaning procedures which are designed to prevent contamination of the environment, individuals/individuals served, and employees.
 - (a) The BHCC/CSU is stocked with the following clean linen items on a weekly basis:
 - (i) 100 blankets

- (ii) 50 flat sheets
 - (iii) 60 fitted sheets
 - (iv) 50 pillowcases
 - (v) 200 bath towels
 - (vi) 200 wash cloths
- v) The BHCC/CSU clean linen storage:
- (a) Cleaned and dried linens are pressed, folded, and packaged for transport, distribution, and storage by methods that ensure their cleanliness until use.
 - (b) Clean/sterile and contaminated linens are transported from the laundry to the health-care facility in vehicles (e.g., trucks, vans, and carts) that allow for separation of clean/sterile and contaminated items.
 - (c) Clean/sterile linens and contaminated linens may be transported in the same vehicle, provided that the use of physical barriers and/or space separation can be verified to be effective in protecting the clean/sterile items from contamination.
 - (d) Clean, uncovered/unwrapped textiles stored in a clean location for short periods of time (e.g., uncovered and used within a few hours) have not been demonstrated to contribute to increased levels of health-care–acquired infection.
 - (e) Clean linens are stored in a clean linen closet and are covered until use during the provision of care, and the linens are maintained dry and free from soil and body substance contamination.
- 8) To adequately and safely clean, disinfect and sanitize any area that has come into contact with bodily fluid such as feces and emesis that may potentially be infected with the norovirus.
- a) Identification of feces or emesis
 - b) Place a wet floor sign or have someone stand at the spill until it can be cleaned.
 - c) Notify Housekeeping
 - d) Housekeeping or BHCC staff to apply the absorbent particles to the entire area of contamination.
 - e) Let the particles set for 3-5 minutes for full absorbency
 - f) Don PPE for clean up: gown, mask with or without visor and gloves.
 - g) Sweep up absorbent particles and dispose of in a Biohazard bag
 - h) Disinfect the entire area with bleach water (2 -25 tablespoons of bleach to 1 gallon of water)
 - i) Let set for a minimum of 5 minutes
 - j) Cleanse mop and change mop water; use soap and hot water on area to finish the sanitizing process
 - k) Cleanse mop and change water **prior** to using on any other surface area
 - l) Remove PPE and **dispose of in a Biohazard bag.**
 - m) Dispose of **Biohazard bag** as per instructions in the **Biohazard room.**
 - n) Wash hands thoroughly with soap and water
 - o) **DO NOT** use hand sanitizer in place of soap and water: Sanitizer is not effective at removing norovirus remnants
- 9) If an individual/individual in the BHCC/CSU is found or suspected to be a carrier of an infectious illness, the transfer and the release of confidential information to select unit medical and nursing staff is done on a need-to-know basis. The Charge Nurse, Site Director

and/or Nursing Manager must be notified of the suspected or confirmed illness. Individuals will be sent to the Emergency Department (ED) for medical clearance if there is a suspected or confirmed infectious illness. The nurse on duty will communicate the information to the nurse at the Emergency Department Receiving Facility and provide only the minimum necessary information related to the individual's suspected infection. If an individual/individual is on a 1013/2013 order and/or concern for a risk of harm to self or others, this information is also relayed to maintain individual's and other's safety. When possible and deemed necessary for safety, a staff member will accompany an individual to the ED, if the individual is already admitted to the CSU unit and on a 1013/2013, and stay with the individual while at the ED, except when ED medical personnel ask for privacy for the individual.

BHCC/CSU Potential Outbreak situation

In the case of an outbreak at the BHCC/CSU, the procedures and treatment are followed for the specific issue/infection per that issue/infection's policy. In the case of or concern for a widespread outbreak the following will occur:

1. In the case of an outbreak or concern a potential outbreak could occur if not contained immediately (i.e. lice, bed bugs, etc.) the BHCC/CSU will enact the following protocol:
 - a. Contain infected individual(s)/individual(s) first – then check all other individuals/individuals for signs of the outbreak
 - b. Shut down the impacted rooms, if needed (this closure includes both the impacted room and the adjacent rooms)
 - c. Notify Site Director immediately of suspected or confirmed outbreak
 - d. Site Director or designated manager will call the Purchasing and Contracts administrator and designated agency Executive Level staff (i.e. CEO or designee) to request extermination services, if necessary.
 - i. They will approve calling extermination services to come out and assess the situation.
 - e. If it is determined that individuals/individuals need to be diverted to an alternative site, the CEO or designee will be notified and will make the determination whether or not individuals go on diversion.
 - i. As a last resort, the CEO or designee, along with the Site's Administrative staff, will consult with DBHDD, following diversion protocol, for diversion instructions.
 - f. If it is decided that individuals/individuals will be diverted, the first step is to work through the triage process:
 - i. Who can be safely discharged?
 - ii. What stage of detox is individual/individual in and can they be safely discharged?
 - iii. What level of supervision needs to be maintained during the process for each individual/individual (i.e. line of sight, 1 to 1 for danger to self/others, etc.?)
 - g. If the entire unit needs to shut down, the following protocol will be followed:
 - i. Individuals will be diverted to the agency's Choices2, Cobb program located at 2051 Greenridge St. Smyrna, Ga 30080

- ii. Choices2, Cobb is a secure location (i.e. the rooms are secure – a passcode must be entered to move through the building)
- h. Transportation to alternative site:
 - i. Individuals/individuals will be transported to the alternate site via agency's internal transportation systems (UTS van) based on triage needs.
 - ii. Two staff members will ride along with the UTS driver during transport
 - iii. Arrangements will be made for extra staff to provide extra coverage for high risk individuals (i.e. 1013s, individuals on 1 to 1, etc.)
 - iv. Staff will be deployed to the alternative site so there is not an interruption in individual care. This includes:
 - a. Nurses, APRNs, Social Service Techs, Social Workers and Security Staff
- i. Medication Protocol
 - i. All individual medications will be transported to Choices to Cobb and secured in the Nurses' station at that site under the same storage protocols outlined in Policy #8067.
- j. Choices to Cobb Diversion plan
 - i. Individuals from Choices to Cobb will be moved to Choices to Douglas if diversion protocol from the BHCC/CSU is required.

Reference Materials

Centers for Disease Control and Prevention <http://www.cdc.gov/handhygiene/> "Guideline for Hand Hygiene in Health-Care Settings" MMWR October 25, 2002. Vol. 51



All Georgia physicians, laboratories, and other health care providers are required by law to report patients with the following conditions. Both lab-confirmed and clinical diagnoses are reportable within the time interval specified below.

NOTIFIABLE DISEASE / CONDITION REPORTING

Reporting enables appropriate public health follow-up for your patients, helps identify outbreaks, and provides a better understanding of disease trends in Georgia. For the latest information from the DPH, Department of Public Health, visit their web site at: dph.georgia.gov

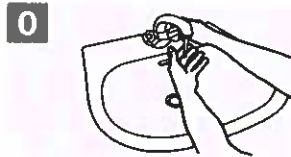
REPORT IMMEDIATELY	REPORT WITHIN 7 DAYS
<p>To Report Immediately Call: District Health Office or 1-866-PUB-HEALTH (1-866-782-4584)</p> <ul style="list-style-type: none"> any cluster of illnesses animal bites ▶ anthrax all acute arboviral infections: <ul style="list-style-type: none"> -Eastern Equine Encephalitis (EEE) -LaCrosse Encephalitis (LAC) -St. Louis Encephalitis (SLE) -West Nile Virus (WNV) ▶ botulism ▶ brucellosis cholera diphtheria <i>E. coli</i> O157 <i>Haemophilus influenzae</i> (invasive)* hantavirus pulmonary syndrome hemolytic uremic syndrome (HUS) hepatitis A (acute) measles (rubeola) meningitis (specify agent) meningococcal disease novel influenza A virus infections pertussis ▶ plague poliomyelitis ▶ Q fever rabies (human & animal) severe acute respiratory syndrome (SARS) shiga toxin positive tests <i>S. aureus</i> with vancomycin MIC $\geq 4\mu\text{g/ml}$ ▶ smallpox syphilis (congenital & adult) tuberculosis latent TB infection in children <5 years old ▶ tularemia ▶ viral hemorrhagic fevers <p>▶ Potential agent of bioterrorism. * Invasive – isolated from blood, bone, CSF, joint, pericardial, peritoneal, or pleural fluid.</p>	<p>To Report Within 7 Days Report cases electronically through the State Electronic Notifiable Disease Surveillance System at http://senda.state.ga.us (SEE REPORTING FOOTNOTES BELOW.)</p> <ul style="list-style-type: none"> AIDS* aseptic meningitis blood lead level (all) carbapenem-resistant enterobacteriaceae chancroid <i>Chlamydia trachomatis</i> (genital infection) Creutzfeldt-Jakob Disease (CJD), suspected cases, under age 55 cryptosporidiosis cyclosporiasis ehrlichiosis giardiasis gonorrhea HIV infection and Perinatal HIV exposure** hearing impairment† (permanent, under age 5) hepatitis B <ul style="list-style-type: none"> -acute hepatitis B -newly identified HBsAg+ carriers** -HBsAg+ pregnant women hepatitis C virus infection (past or present) influenza-associated death (all ages) legionellosis leptospirosis listeriosis*** leprosy or Hansen's disease (<i>Mycobacterium leprae</i>) Lyme disease lymphogranuloma venereum malaria maternal deaths** (during pregnancy or within 1 year of end of pregnancy)** mumps Neonatal Abstinence Syndrome psittacosis Rocky Mountain spotted fever rubella (including congenital) salmonellosis shigellosis streptococcal disease, Group A or B (invasive)* <i>Streptococcus pneumoniae</i> (invasive)* -report with antibiotic-resistance information tetanus toxic shock syndrome toxoplasmosis typhoid Varicella (Chickenpox) <i>Vibrio</i> infections yersiniosis <p>◦ Invasive – isolated from blood, bone, CSF, joint, pericardial, peritoneal, or pleural fluid. * HBsAg+ – hepatitis B surface antigen positive. *** <i>L. monocytogenes</i> isolated from blood, bone, CSF, joint, pericardial, peritoneal, or pleural fluid, or other normally sterile site; or from placenta or products of conception in conjunction with fetal death or illness. Infant mortality is reportable to Vital Records.</p> <p>REPORTING HIV/AIDS</p> <ul style="list-style-type: none"> ▶ Report forms and reporting information for HIV/AIDS available by telephone (1-800-827-0769) OR at http://dph.georgia.gov/georgia-hiv-aids-epidemiology-surveillance-section. For mailing HIV/AIDS reports, please use double envelopes marked "confidential", addressed to Georgia Department of Public Health Epidemiology Section, P.O. Box 2107, Atlanta, GA 30301 ▶ Report forms and reporting information for maternal deaths are available at http://dph.georgia.gov/documents/forms-surveys-and-documents ▶ Report forms and reporting information for hearing impairment are available at http://dph.georgia.gov/documents/forms-surveys-and-documents <p>REPORT WITHIN 1 MONTH</p> <ul style="list-style-type: none"> birth defects (under age 6) <p>Report forms and reporting information for birth defects available at http://dph.georgia.gov/documents/forms-surveys-and-documents</p> <p>Healthcare-associated Infections (HAIs) For facilities required to report HAI data to CMS via NHSN. Report in accordance with the NHSN protocol. Reporting requirements and information available at http://dph.georgia.gov/notifiable-ist-reporting.</p> <p>REPORT WITHIN 6 MONTHS</p> <ul style="list-style-type: none"> benign brain and central nervous system tumors cancer <p>Report forms and reporting information for tumors and cancer found at http://dph.georgia.gov/georgia-comprehensive-cancer-registry.</p>

(Rev 2-1-16)

How to Handwash?

WASH HANDS WHEN VISIBLY SOILED! OTHERWISE, USE HANDRUB

 **Duration of the entire procedure: 40-60 seconds**



0 Wet hands with water;



1 Apply enough soap to cover all hand surfaces;



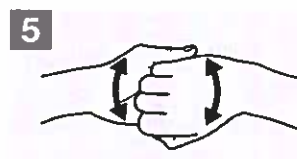
2 Rub hands palm to palm;



3 Right palm over left dorsum with interlaced fingers and vice versa;



4 Palm to palm with fingers interlaced;



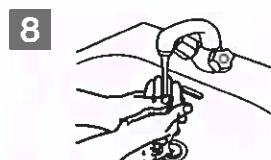
5 Backs of fingers to opposing palms with fingers interlocked;



6 Rotational rubbing of left thumb clasped in right palm and vice versa;



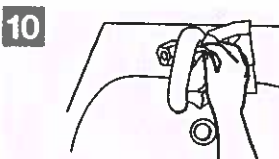
7 Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;



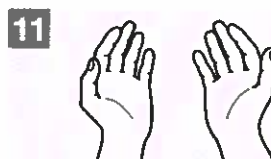
8 Rinse hands with water;



9 Dry hands thoroughly with a single use towel;



10 Use towel to turn off faucet;



11 Your hands are now safe.



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Clean Your Hands

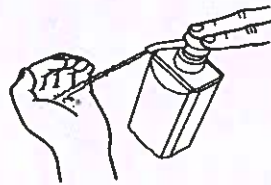
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How to Handrub?

RUB HANDS FOR HAND HYGIENE! WASH HANDS WHEN VISIBLY SOILED

🕒 Duration of the entire procedure: 20-30 seconds

1a



Apply a palmful of the product in a cupped hand, covering all surfaces;

1b

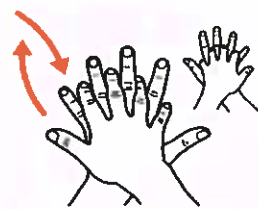


2



Rub hands palm to palm;

3



Right palm over left dorsum with interlaced fingers and vice versa;

4



Palm to palm with fingers interlaced;

5



Backs of fingers to opposing palms with fingers interlocked;

6



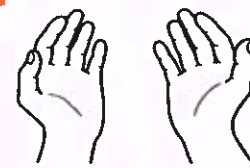
Rotational rubbing of left thumb clasped in right palm and vice versa;

7



Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;

8



Once dry, your hands are safe.



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