

**MILLE LACS BAND OF OJIBWE
HEALTH AND HUMAN SERVICES POLICY & PROCEDURE**

Department: Substance Use Disorder-Four Winds

Policy Number: HHS-SUD-FW 4760

Policy Title: Standard Precautions and Transmission-Based Precautions

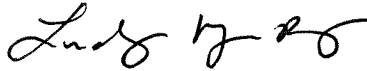
Attachments:

Revision History:

Revised by/Date: 7/2021

Approved by:

Lindsay Misquadace-Berg, Treatment Director



Date:

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Approved by:

Nicole Anderson, Commissioner of HHS



Date:

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POLICY STATEMENT: Standard Precautions will be practiced by all staff for all clients as recommended by the Centers for Disease Control (CDC) because medical history and examination cannot reliably identify all infected persons. Transmission-Based Precautions will be used in addition to Standard Precautions when epidemiologically indicated. For epidemiologically important organisms (which can include Multidrug-Resistant Organisms) MLBO HHS will implement current best practice guidelines to facilitate the control and prevention of these organisms.

PURPOSE: The purpose of this policy is to prevent the acquisition and transmission of microorganisms through contact with blood and all body fluids, secretions, excretions except sweat, non-intact skin and mucous membranes.

DEFINITIONS:

Cohorting

The practice of grouping clients infected or colonized with the same infectious agent together to confine their care to one area and prevent contact with susceptible clients.

Personnel Protective Equipment (PPE)

Various barriers used alone or in combination to protect mucous membranes, airways, skin, and clothing from contact with infectious agents.

Standard Precautions

Combines the major features of Universal Precautions and Body Substance Isolation and are based on the principle that all blood, all body fluids, secretions and excretions except sweat, non-intact skin, and mucous membranes may contain transmissible infectious agents. Transmission can be mitigated through the use of hand hygiene, PPE, and other workplace practices.

Transmission-based Precautions

A set of practices that apply to clients with documented or suspected infection or colonization with highly transmissible or epidemiologically important pathogens. Used when the route of transmission is not completely interrupted using Standard Precautions alone. This precaution is always used in addition to Standard Precautions.

Four types of Transmission-based Precautions are:

1. Airborne Precautions: designed to reduce the risk of airborne transmission of infectious agents such as measles, varicella (chickenpox) and tuberculosis.

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2. Droplet Precautions: designed to reduce the risk of droplet transmission of infectious agents transmitted through coughing, sneezing, and talking, such as pertussis, adenovirus, parvovirus, influenza, Strep A pneumonia, rubella, mumps.

3. Contact Precautions: designed to reduce the risk of transmission of epidemiologically important microorganisms by direct or indirect contact, such as MRSA, VRE, and C. Difficile.

4. Modified-Contact Precautions: designed to reduce the risk of transmission through direct or indirect contact but still allow the client to continue active treatment by meeting defined criteria which are assessed by nursing on an on-going basis.

PROCEDURES:

A. Personal Protective Equipment (PPE):

1. The following PPE are to be used as specified:

a. Gloves are used to prevent contamination of health care worker's hands when (1) anticipating direct contact with blood or body fluids, mucous membranes, no intact skin and other potentially infectious material, (2) having direct contact with clients who are colonized or infected with pathogens transmitted by the contact route or (3) handling or touching visibly or potentially contaminated client care equipment and environmental surfaces.

b. Protective gowns are used as specified by standard and Transmission-based Precautions to protect the health care worker's arms and exposed body areas and prevent contamination of clothing with blood, body fluids, and other potentially infectious material.

c. Eye and Face Protection and Masks are used when a splash, spray, or splatter of blood, body fluids, secretions and excretions, is likely, eye protection and masks will be used. Personal eyeglasses and contact lenses are not considered adequate eye protection.

B. Hand Hygiene (Hand Washing/Sanitizing): refer to HHS Hand Hygiene Guideline

C. Respiratory hygiene and cough etiquette

1. A combination of measures designed to minimize the transmission of respiratory pathogens through droplet or airborne routes in healthcare settings. The components of respiratory hygiene/cough etiquette are:

a. Covering the mouth and nose during coughing and sneezing,

b. Using tissues to contain respiratory secretions with prompt disposal into a no-touch receptacle.

c. Offering a procedural mask to persons who are coughing to decrease contamination of the surrounding environment.

d. Turning the head away from others and maintaining spatial separation (ideally 3 feet or greater) when coughing.

D. Client care equipment:

1. Medical equipment and instruments or devices must be cleaned and maintained according to the manufacturers' instruction to prevent client-to-client transmission of infectious agents.

2. Cleaning to remove organic material always must precede high-level disinfection and sterilization of critical and semi-critical equipment.

3. Noncritical equipment, such as commodes, must be thoroughly cleaned and disinfected before being used on another client. They should be marked as "clean" prior to storing.

4. Reprocessing and reuse of single use devices is not allowed.

E. Sharps Safety and Safe Injection Practices

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1. Safety-engineered sharps devices, such as safety needles, shall be used within all facilities. Needles shall not be sheathed, bent, or cut after use.
2. All needles, syringes, scalpels and other sharps will be disposed of in rigid wall, Biohazard containers specified for the collection of sharps at the point of use.
3. Sharps safety devices and biohazard sharps disposal containers shall be evaluated when indicated and at least annually, following MNOSHA requirements.

F. Textiles and laundry

1. Key principles for handling soiled laundry are:
 - a. Avoiding shaking the items or handling them in any way that may aerosolize infectious agents,
 - b. Avoiding contact of one's body and personal clothing with the soiled items being handled.
 - c. Containing soiled items in a leak-proof laundry bag or designated bin.
2. Soiled linen shall be handled as little as possible and with minimal agitation to prevent contamination to persons handling it.
3. All wet, soiled laundry must be transported in closed bags or containers that prevent leakage.

G. Client Resuscitation: Use mouthpiece, resuscitation bag or other ventilation devices to prevent contact with mouth and oral secretions.

H. Environmental Controls (Housekeeping):

1. Follow facility procedures for routine care, cleaning and disinfection of environmental surfaces, especially frequently touched surfaces in client care areas.
2. Frequently touched surfaces in client care areas, or others as needed, should be cleaned every shift. Frequently touched surfaces may include: doorknobs, sinks, office equipment, community tables, countertops, phones, computer keyboards or mouse or other equipment in close proximity of the client.
3. Use nitrile gloves for housekeeping duties involving potential contact with blood, body fluids, secretions, and excretions for instrument cleaning, and for decontamination procedures. Utility gloves may be reused after cleaning, but must be discarded if they are peeling, cracked, discolored, or have punctures, tears, or other evidence of deterioration.

I. Transmission-Based Precautions

1. Contact an MLBO HHS Infection Preventionist or RN Supervisor any time a transmission-based precaution is initiated or ordered.
2. Transmission-based precautions may be initially started by an RN but require an LIP's order for continuation and discontinuation.
3. Signage will be posted in prominent areas prior to entrance to the area where the client resides to notify staff that there is a transmission-based precaution in effect.
4. Documentation of when the precaution was initiated or discontinued and a summary of the client's status at the end of each shift will be documented in the client's record.
5. Hand-off communication will include a verbal summary of the precaution in place and the client's status.
6. Put on PPE gear prior to entering the client's room. Remove PPE gear upon exiting from the room. Dispose of gear in the closest appropriate receptacle.

J. Contact:

1. Private room whenever possible; if not cohort using the following principles:
 - a. Prioritize clients with conditions that may facilitate transmission (e.g. uncontained drainage, stool incontinence) for single room placement.

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- b. Place clients who are infected or colonized with the same pathogen together in the same room.
- c. Avoid placement with clients who are immunocompromised or receiving chemotherapy, have open wounds or skin ulcerations, have an invasive device (such as an indwelling vascular access device, indwelling urinary catheter, tracheotomy or tracheal tubes, chest tubes), have an inability to cooperate with infection control directives or measures or for which a prolonged stay is anticipated.
- d. Ensure physical separation via a curtain to minimize contact opportunity.
- e. Change protective attire and perform hand hygiene between contacts with roommates regardless of status.

2. Wear gloves when entering the room and whenever touching the client's skin or surfaces and articles in close proximity with the client. Change gloves after contact with infectious material. Remove gloves before care of the roommate and before leaving the room.

3. Wear gown when entering the room if you anticipate your clothing will have direct contact with the client, potentially contaminated environmental surfaces or contaminated items in client's room. Remove gown before leaving the room and perform hand hygiene. After gown removal, ensure that clothing and skin do not contact potentially contaminated environmental surfaces that could result in transfer of organisms to other clients or environmental surfaces.

4. Limit client transfer and movement outside of the room to medically necessary procedures. If movement is necessary, ensure that infected or colonized areas of the client's body are contained and covered. Remove contaminated PPE prior to transport. Don clean attire upon arrival at the transport destination.

5. Use disposable, or dedicate, noncritical client care equipment to a single client. Thoroughly clean and disinfect any common equipment before using on another client. Place equipment in a plastic bag for transport to an area for processing.

6. Ensure that rooms of clients on precautions are prioritized for frequent cleaning and disinfection (e.g. at least daily) with a focus on high-touch surfaces and equipment in the immediate vicinity of the client.

K. Modified-Contact:

1. Private room whenever possible; if not, cohort using the principles above.

2. Wear gloves when entering the room and whenever touching the client's skin or surfaces and articles in close proximity with the client. Change gloves after contact with infectious material. Remove gloves before care of the roommate and before leaving the room.

3. Wear gown when entering the room if you anticipate your clothing will have direct contact with the client, potentially contaminated environmental surfaces or contaminated items in client's room. Remove gown before leaving the room and perform hand hygiene. After gown removal, ensure that clothing and skin do not contact potentially contaminated environmental surfaces that could result in transfer of organisms to other clients or environmental surfaces.

4. Client movement will be based on ongoing nursing assessment which includes the following considerations:

- a. Coherent – client is capable of understanding and following staff directives,
- b. Cooperative – client is willing to follow staff directives,
- c. Contained – drainage or secretions causing transmission are contained,
- d. Continent – client is continent of bowel and bladder or fluids are contained.

5. If the client cannot meet one or more of the consideration points, he/she will not be considered as a viable candidate for modified contact precautions and full contact precautions will be initiated. Following lab confirmation, a summary of the initial assessment for the criteria will be documented. A summary of the client's status throughout the shift will be documented in the progress section of the chart at the end of each shift. Nursing will determine: the client's educational needs and provide teaching, determine the frequency of hand hygiene required based on the client's risk for transmission and any other specific processes relevant to minimize environmental contamination.

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L. Droplet:

1. Private room whenever possible; if not cohort using the following principles:
 - a. Prioritize clients who have excessive cough and sputum production for single room placement,
 - b. Place clients who are infected with the same pathogen and are suitable roommates together,
 - c. Avoid placement with clients who are immunocompromised,
 - d. Ensure that clients are physically separated (greater than 3 feet) from each other using a curtain or other barrier.
 - e. Change PPE gear between clients as well as perform hand hygiene.
2. Mask when entering the client's room, working directly with or within 3 feet of the client. Remove mask upon exiting the room and dispose of it.
3. Limit client movement. If transport or movement is necessary, take client out of room, place surgical mask on client and instruct client to use proper cough and sneeze etiquette.

M. Airborne:

1. Limit client movement. Place client with suspected or confirmed airborne infectious agents in a single occupancy room and immediately transport the client to a facility where an AIIR is available, preferably via a commercial vendor. If the facility is transporting, the client should wear a droplet mask. Transporter should wear mask. Leave the back windows of the car open and turn on the exhaust fan. Park the car in the sunlight for 2 hours with the windows open after the transport.
2. Limit client movement. If it is necessary to take the client out of the room, place a surgical mask on the client.
3. Restrict susceptible health care workers from entering the rooms of clients known or suspected to have airborne infections.

N. When called to a case, suspected case, or death from any of the following diseases, the attending physician, within 24 hours, shall notify the agent of a community health board as authorized under Minnesota Statutes, section 145A.04 by means of the regular reporting post card or special blank provided for such reports. *Diseases marked by asterisk shall also be reported directly to the Division of Personal Health Services, Minnesota Department of Health.*

O. When no physician is in attendance, it shall be the duty of the person in charge person having knowledge of any individual believed to have or suspected of having any disease, presumably communicable, to report immediately the name and address of any such person to the authorized agent. Until official action on such has been taken, strict isolation shall be maintained.

P. Within 24 hours of the receipt of such notification or other knowledge of a case, the authorized agent shall forward same to the Minnesota Department of Health, Division of Personal Health Services, 717 Delaware Street SE, Minneapolis, Minnesota 55440 (651-296-5201) after transcribing essential information for permanent local record.

*Actinomycosis

*Anthrax

*Botulism

Brucellosis (Undulant Fever)

Chickenpox (Over 16 years of age)

*Cholera, Asiatic

Conjunctivitis, Epidemic

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COVID-19

Diarrhea, Epidemic

Diphtheria

Dysentery

(a) Amebic

(b) Bacillary

Encephalitis (all types)

German Measles (rubella)

Food infection and poisoning

*Glanders

Hepatitis, Infectious

Hepatitis, Serum

Influenza

*Leprosy

Leptospirosis

Malaria

Measles

Meningitis (all types)

Mononucleosis, Infectious

*Ophthalmia, Neonatorum

Paratyphoid Fever

*Plague

Pneumonia

Poliomyelitis

*Psittacosis

*Rabies (cases and exposed persons)

Rheumatic Fever

Ringworm of the Scalp

*Rocky Mountain Spotted Fever

Scarlet Fever and Epidemic Sore Throat

*Smallpox

Tetanus

Trachoma

Trichinosis

Tuberculosis

Tularemia

Typhoid Fever

*Typhus Fever

Whooping Cough (Pertussis)

Yellow Fever

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Internal and/or External References	Minnesota Rule SLF: 4665.9900 Reportable diseases Minnesota Rule SLF :4665.5600 Housekeeping services Minnesota Rule SLF: 4665.1200 Staff Health
Compliance - Posting Date	11/30/2021 (11)
Replaces – Policy Number	
Next Review - Due Date	