

2019

INFECTION CONTROL POLICIES



**Sample Home Health
Agency**

Written to meet
your state and
accreditation
requirements

Texas
North Carolina
Arizona
Nevada
Florida
Missouri
Minnesota
Conneticut
South Carolina
Iowa
Kentucky
Pennslyvania
Tennessee
Wisonsin
Washington
New Jersey
Indiana
Kansas
California
Georgia
Illinois
Oklahoma
Virginia
New York
Maryland
Delaware
New Mexico
Massachusetts
Michigan

and many more...

Table of Contents

| | | |
|------|---|----|
| 5.1 | OSHA REGULATIONS/INFECTION CONTROL/EXPOSURE PLAN..... | 4 |
| 5.2 | DEFINITIONS..... | 5 |
| 5.3 | INFECTION CONTROL CLIENT HOME ACQUIRED INFECTIONS..... | 7 |
| 5.4 | INFECTION CONTROL EDUCATION/TRAINING | 8 |
| 5.5 | INFECTION CONTROL TRAINING OUTLINE | 11 |
| 5.6 | PRECAUTIONS FOR PROTECTING THE IMMUNOCOMPROMISED PATIENTS 13 | |
| 5.7 | STANDARD PRECAUTIONS FOR ALL HEALTH CARE WORKERS | 15 |
| 5.8 | GUIDELINES FOR PATIENTS KNOWN TO BE HIV POSITIVE | 18 |
| 5.9 | CONTROL OF ANTIBIOTIC RESISTANT (MRSA) AND (VRE) ORGANISMS IN HOME SETTINGS..... | 19 |
| 5.10 | GUIDELINES FOR EMPLOYEES KNOWN TO BE HBV INFECTED | 21 |
| 5.11 | EMPLOYEE HEALTH REQUIREMENTS/HEPATITIS B VACCINATION | 22 |
| 5.12 | HEPATITIS FACT SHEET | 23 |
| 5.13 | INFORMATION ON VOLUNTARY AUTHORIZATION FOR THE ADMINISTRATION OF HEPATITIS B VACCINE | 25 |
| 5.14 | HEPATITIS B VACCINE DECLINATION | 26 |
| 5.15 | POST EXPOSURE EVALUATION AND FOLLOW-UP PROCEDURES | 27 |
| 5.16 | CONSENT FOR HIV ANTIBODY BLOOD TEST AND RELEASE OF INFORMATION | 29 |
| 5.17 | POST OCCUPATIONAL EXPOSURE TO BLOODBORNE PATHOGEN EVALUATION | 30 |
| 5.18 | EMPLOYEE EXPOSURE INCIDENT..... | 31 |
| 5.19 | REFERRAL FOR EVALUATION..... | 32 |
| 5.20 | EMPLOYEE EXPOSURE TO AN INFECTIOUS DISEASE | 34 |
| 5.21 | HIGH RISK EMPLOYEES..... | 36 |

| | | |
|-------------|---|-----------|
| 5.22 | EXPOSURE DETERMINATION..... | 37 |
| 5.23 | REPORTABLE INFECTIONS | 39 |
| 5.24 | MEDICAL LABORATORY SERVICES..... | 41 |
| 5.25 | EMPLOYEE PROTECTIVE EQUIPMENT | 42 |
| 5.26 | DISPOSAL OF NEEDLES, SYRINGES AND SHARP ITEMS | 43 |
| 5.27 | HAZARDOUS WASTE DISPOSAL | 44 |
| 5.28 | CONTROL OF BIO-MEDICAL WASTE..... | 46 |
| 5.29 | LABELING OF BIO-HAZARDOUS MATERIALS..... | 50 |
| 5.30 | TB INFECTIOUS CONTROL POLICY..... | 51 |
| 5.31 | TUBERCULOSIS (TB) AGREEMENT..... | 62 |
| 5.32 | U.S. DOL Enforcement Policy on TB | 63 |
| 5.33 | SPECIFIC OSHA STANDARDS APPLICATION..... | 64 |
| 5.34 | T.B. PROTOCOL FOR QUALITATIVE FIT TEST | 69 |