



SoHum Health

Southern Humboldt Community Healthcare District

CRITICAL ACCESS HOSPITAL

Safety and Emergency Preparedness and Infection Prevention POLICY PACKET "B"

March 30, 2023

SAFETY AND EMERGENCY PREPAREDNESS



DEPARTMENT: <i>Safety and Emergency Preparedness</i>	Page 1 of 1
SUBJECT: <i>Emergency Preparedness</i>	

POLICY:

It is the policy of the Southern Humboldt Community Healthcare District ("SHCHD" or "District") to provide a guide to ensure adequate planning for both natural and man-made disasters and to describe the coordinated efforts made in collaboration with federal, state, tribal, regional and local emergency preparedness agencies.

DEFINITIONS:

N/A

REFERENCES:

Emergency Preparedness Rule; November 16, 2016
<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Emergency-Prep-Rule.html>

Emergency Preparedness Checklist/Survey and Certification https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Downloads/SandC_EPChecklist_SA.pdf

Centers for Medicare and Medicaid Services/four core elements emergency preparedness rule
<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Core-EP-Rule-Elements.html>

REVIEWED BY:

Safety Committee
Infection Prevention
Administrative Team
Medical Staff
Governing Board



DEPARTMENT: SAFETY AND EMERGENCY PREPAREDNESS	APPROVED: (MM/DD/YYYY)	Page 1 of 1
SUBJECT: INFECTIOUS DISEASE RESPIRATORY OUTBREAK	EFFECTIVE DATE: 03/03/2023	SUPERSEDES: NEW
POLICY: EMERGENCY PREPAREDNESS PLAN: RESPIRATORY PANDEMICS INCLUDING SEASONAL/REGIONAL SURGES		

POLICY:

It is the policy of the Southern Humboldt Community Healthcare District ("SHCHD" or "District") to establish and maintain an emergency preparedness/disaster plan for infectious disease disasters including pandemics and/or seasonal/regional surges in SARS-CoV-2/Influenza or other potentially infectious respiratory diseases.

DEFINITIONS:

Infectious Disease Disaster: A disaster that results from an infectious disease. This includes bioterrorism attacks, outbreaks of emerging infectious diseases, and pandemics.

An outbreak is a sudden rise in the number of cases of a disease. An outbreak may occur in a community or geographical area or may affect several countries.

Pandemic: A global outbreak of disease in humans that affects at least two continents and/or exceeds expected rates of morbidity and mortality.

PROCEDURE:

1. In the event of a pandemic or widespread SARS-CoV-2/influenza activity in the community, or other potentially infectious respiratory activity, the Chief Nursing Officer or Infection Preventionist will be in contact with the Humboldt County Public Health Department.
2. The District will implement their infection prevention and control recommendations.
3. All health care personnel and visitors will follow current CDPH and CDC masking guidelines.
4. Notify visitors of current visitation guidelines via posted notices.
5. Evaluate healthcare personnel for symptoms of respiratory infection; perform rapid covid or influenza to confirm the causative agent and remove from duties as appropriate. If excluded from duties, they should not provide return to work until have been cleared by Infection Prevention and have met criteria to return to work.
6. Visitors under the age of 16 will not be permitted in the hospital unless they are the parent of a hospitalized patient or if significant compelling circumstances exist. Such circumstances will be determined by the patient's physician, the nursing unit manager, and Infection Prevention.

7. All potential visitors will need to complete a screening interview conducted by designated staff stationed at the hospital entrances and/or the ACUTE/SNF Nursing station. All visitors must wear a hospital visitor badge while visiting.
8. Visiting hours will be strictly enforced and may be modified or terminated at any time.
9. Visits will be controlled to allow for appropriate screening for acute respiratory illness before entering the hospital and appropriate instruction on use of personal protective equipment and other precautions (e.g., masks, hand hygiene, limiting surfaces touched) while in the patient's room. Visitors will be instructed to limit their movement within the facility.
10. For patients in isolation for SARS-CoV-2 or influenza infection, visitors will be limited to persons who are necessary for the patient's emotional well-being and care.
11. All other hospitalized patients will be allowed only one visitor at a time at the discretion of the department manager.
12. Patients coming to the Emergency Room with a cough and/or fever will be asked to put on a mask and triaged outside or in COVID surge tent prior to entry to the hospital. If positive for either, patient will be cared for in tent, whenever possible, until disposition of patient.
 - If patient is critically ill and requires care in the Emergency Department, patient will be placed in ED bed 1. Any patient in ED bed 2 will be moved to ED bed 3 or 4 if possible. The door will be closed between the rooms. Appropriate signage will be hung outside the ED and the entrance to the room indicating full PPE required for entry and for all staff caring for the patient. Transfer process will begin as soon as possible for higher level of care.

E. Control of SARS-CoV-2 or Influenza Outbreaks

When an outbreak occurs in the healthcare facility, the following measures may be taken to limit transmission:

1. Perform rapid SARS-CoV-2 or influenza viral testing of patients and personnel with recent onset of symptoms suggestive of infection with SARS-CoV-2 or influenza. In addition, for influenza, obtain viral cultures from a subset of patients to determine the infecting virus type and subtype and to confirm the results of rapid tests since most rapid tests are less sensitive than cultures. Coordinate collection and pick up of specimens for viral culture with the Humboldt County Public Health lab.
 - Test for other respiratory viruses when there is a cluster of respiratory infections in the facility and influenza and COVID-19 tests are negative.
2. Implement droplet and airborne isolation precautions for all patients/residents with suspected or confirmed SARS-CoV-2 or influenza.
3. Separate suspected or confirmed positive patients/residents from asymptomatic patients. The patient/resident will be placed in designated isolation area (room 101, 102, or COVID tent), doors will remain shut and appropriate signage illustrating PPE required and measures needed for HCP to take when entering and exiting the patient room. For those requiring a higher level of care, transfer process will be started.
 - For any patient/resident undergoing aerosol generating procedures (APG's) CalOSHA Aerosol Transmissible Disease standards will be followed which requires use of a N95 or higher level of respiratory.

- Eye protection and N95 respirators are required when caring for COVID 19 patients.
- 4. Restrict staff movement from areas of the facility having outbreaks.
- 5. Administer the SARS-CoV-2 vaccine or boosters and/or the current season's influenza vaccine as appropriate to unvaccinated patients/residents and healthcare personnel. Follow current vaccination recommendations for the use of vaccines.
- 6. Administer SARS-CoV-2 therapeutics or influenza antiviral prophylaxis and treatment to patients/residents and healthcare personnel according to current recommendations.
- 7. Consider SARS-CoV-2 therapeutics or influenza antiviral prophylaxis for all healthcare personnel, regardless of their vaccination status.
- 8. In the presence of co-infection, antiviral agents active against influenza and against SARS-CoV-2 may be administered concomitantly.
- 9. Curtail or eliminate elective medical admissions during outbreaks, especially those characterized by high attack rates and severe illness, in the community or acute-care facility.
- 10. Consult with Humboldt County Public Health for additional guidance.

D. Emergency Staffing Contingency Plans:

1. If additional staff are needed to care for a surge of SARS-CoV-2 positive patients/residents, emergency staffing contingency plans will be followed.
2. Jerold Phelps will partner with the local Medical Health Operational Area Coordinator (MHOAC) through the County Emergency Operations Center; as a first line for staffing contingency plans.
3. Jerold Phelps maintains a contract with one staffing agency that has the ability to offer "rapid response" or "crisis" staff placements with Medical Solutions. Medical Solutions Contact number cell phone (858) 946-3909.
4. Additional resources include local California Health Corps and state/federal asset "teams", Disaster Healthcare Volunteers; California Medical Assistant Teams (CalMats). The facility would work through the local MHOAC and the EOC for such placements; Humboldt County DHHS Public Health, 529 I Street, Eureka, CA. 95501; Emergency Preparedness Program Coordinator can be contacted at (707) 353-5408.
 - Additional way to reach the local Emergency Medical Services Authority (EMSA) is through Humboldt County Emergency Medical Services; Main Phone Number: (916) **322-4336**
<https://emsa.ca.gov/disaster-healthcare-volunteers/>

REFERENCES:

APIC Text of Infection Control and Epidemiology. Washington, D.C.: Association for Professional in Infection Control and Epidemiology, 2020.

CDPH AFL 23-12 Covid-19 Recommendations for PPE, Resident Placement/Movement, and Staffing in SNFs.

CDPH AFL 22.07.1 Guidance for Limiting the Transmission of COVID-19 in SNF's.

CDPH AFL 22-31 Movement of Patients/Residents in the Healthcare Continuum During Seasonal Surges and the Coronavirus Disease 2019 (COVID-19) Pandemic

REVIEWED BY:

Infection Prevention

Safety Committee

Medical Staff

Governing Board

INFECTION PREVENTION



DEPARTMENT: <i>Infection Prevention</i>	Page 1 of 1
SUBJECT: <i>Aerosol Transmissible Disease Exposure Control Plan</i>	

POLICY:

It is the policy of Southern Humboldt Community Healthcare District ("district" or "SHCHD") to utilize all feasible means to protect staff from occupational exposure to illness.

DEFINITIONS:

N/A

REFERENCES:

Cal-OSHA Title 8 CCR § 5199. Aerosol Transmissible Diseases, August 2009. Available at: <https://www.dir.ca.gov/title8/5199.html> Accessed March 20, 2023

REVIEWED BY:

Administrative Team

Medical Staff

Governing Board



DEPARTMENT:
Infection Prevention

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SUBJECT:
Antibiotic Stewardship Program

POLICY:

It is the policy of the Southern Humboldt Community Healthcare District ("SHCHD" or "District") to utilize evidence-based data, education, quality monitoring and standardized practice protocols to promote the judicious use of antibiotics thereby optimizing the treatments of infections and reducing the adverse effects of antibiotic use.

OVERALL PROGRAM:

- I. Core elements of an effective hospital ASP include:
 - Leadership Commitment: as evidenced by the approval of this document by the Medical Staff, the Administrator, and the Governing Board.
 - Accountability: assignment of a single leader responsible for program outcomes.
 - Drug Expertise: appointment of a single pharmacist leader to work with the program.
 - Action: initially implementing at least one recommended action.
 - Tracking: Monitoring antibiotic prescribing and resistance patterns.
 - Reporting: regular reporting information on antibiotic use to physicians, nurses, and other appropriate staff.
 - Education: Educating physicians about resistance and optimal prescribing.
- II. Key Points for a successful ASP include:
 - Implementing policies that support optimum antibiotic use.
 - Avoiding implementing too many interventions at the same time.
 - Utilizing specific interventions that can be divided into three categories: broad, Pharmacy-driven, and infection/condition driven.
- III. Tracking and Reporting Antibiotic Use and Outcomes is necessary and accomplished by:
 - Measuring both processes and outcomes.
 - Reporting data to the committee responsible for the ASP, the individual physicians, and any other staff such as the pharmacist, lab technicians, etc., who may be key players.

DEFINITIONS:

N/A

REFERENCES:

Monsees, E., Goldman, J. (2019). "Antibiotic Stewardship Programs," APIC Text of Infection Control and Epidemiology. Chapter 31 Available by subscription at www.text.apic.org

California Code of Regulations, Health and Safety Code, Section 1288.85.

CDC. (2019). "Core Elements of Hospital Antibiotic Stewardship Programs." US Department of Health and Human Services, CDC. Retrieved from <https://www.cdc.gov/antibiotic-use/healthcare/pdfs/hospital-core-elements-H.pdf>

CDC. (2019). "Core Elements of Antibiotic Stewardship for Nursing Homes." US Department of Health and Human Services, CDC. Retrieved from <https://www.cdc.gov/antibiotic-use/core-elements/pdfs/core-elements-antibiotic-stewardship-H.pdf>

CDC. (2021). "Core Elements of Antibiotic Stewardship." US Department of Health and Human Services, CDC. Retrieved from <https://www.cdc.gov/antibiotic-use/core-elements/index.html>

REVIEWED BY:

Administrative Team

Medical Staff

Governing Board



DEPARTMENT: <i>Infection Prevention</i>	Page 1 of 1
SUBJECT: <i>Authority Statement</i>	

POLICY:

It is the policy of Southern Humboldt Community Healthcare District ("District" or "SHCHD") to provide for those times when appropriate infection prevention measures must be taken to control an outbreak, or to assure employee and/or patient safety, so as not to require an emergency meeting of the Medical Staff.

DEFINITIONS:

N/A

REFERENCES:

N/A

REVIEWED BY:

Administrative Team

Medical Staff

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DEPARTMENT:
Infection Prevention

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SUBJECT:
***Bloodborne Pathogen
Exposure Control Plan***

POLICY:

It is the policy of Southern Humboldt Community Healthcare District to have a defined Bloodborne Pathogen Exposure Control Plan that meets regulatory requirements and is individualized for this district.

DEFINITIONS:

Bloodborne pathogens are infectious microorganisms in human blood that can cause disease in humans. These pathogens include, but are not limited to, hepatitis B (HBV), hepatitis C (HCV) and human immunodeficiency virus (HIV).

REFERENCES:

APIC Text (2018). Environmental Services Chapter. Available online by subscription.

"Bloodborne Pathogens Standard", California Code of Regulations, Title 8, Section 1593, www.dir.ca.gov/title8/5193.html. Accessed November 10, 2017.

"CDC Guidance for Evaluating Health-Care Personnel for Hepatitis B Virus Protection and for Administering Postexposure Management December 20, 2013", www.cdc.gov/mmwr/preview/mmwrhtml/rr6210a1.htm. Accessed November 10, 2017.

Centers for Disease Control and Prevention (2008). Guideline for Disinfection and Sterilization in Healthcare Facilities. Retrieved from <https://www.cdc.gov/infectioncontrol/pdf/guidelines/disinfection-guidelines.pdf>

"OSHA Bloodborne Pathogens Standard CFR 1910.1030", www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=10051. Accessed November 10, 2017.

"PEP Quick Guide for Occupational Exposures", University of San Francisco. Available online at: <http://nccc.ucsf.edu/clinical-resources/pep-resources/pep-quick-guide/> Accessed November 10, 2017.

"Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HBV, HCV, and HIV and Recommendations for Postexposure Prophylaxis", 2001, updated December 20, 2013. Available online at: www.cdc.gov/mmwr/PDF/RR/RR5011.pdf. Accessed November 10, 2017.

REVIEWED BY:

Administrative Team

Medical Staff

Governing Board



DEPARTMENT: <i>Infection Prevention</i>	Page 1 of 1
SUBJECT: POLICY: Cleaning and Repair of Patient Equipment	

POLICY:**POLICY:**

It is the policy of the Southern Humboldt Community Healthcare District ("SHCHD" or "district") to clean and repair all patient care equipment, so as to prevent patient injury or the spread of infection.

DEFINITIONS:

N/A

REFERENCES:

Centers for Disease Control and Prevention, Guidelines for disinfection and sterilization in healthcare facilities 2019. Retrieved <https://www.cdc.gov/infectioncontrol/pdf/guidelines/disinfection-guidelines-H.pdf>

Guidelines for preventing health care associated pneumonia, 2003; MMWR 2004; 53 (RR03);1-36.

Manufacturer's suggested procedures: Invacare, Vanderlift, Braun, Clinitest, IVAC, Zoll, Welch-Allyn, 3M, Roche, AMI, Huntleigh, VidaCare, Schiller, Arizant, Reichert, Contec, Siemens, BD, OxyMat, 3M.

O'Malley, C. Device cleaning and infection control in aerosol therapy. Respiratory Care 2015; 60: 917-930.

REVIEWED BY:

Administrative Team

Medical Staff

Governing Board



DEPARTMENT: <i>Infection Prevention</i>	Page 1 of 1
SUBJECT: <i>Contract Laundry Services</i>	

POLICY:

It is the policy of the Southern Humboldt Community Healthcare District ("SHCHD" or "District") to assure that contract laundry services are in compliance with applicable laws and standards. The Infection Preventionist is responsible for assuring this compliance.

DEFINITIONS:

N/A

REFERENCES:

N/A

REVIEWED BY:

Administrative Team

Medical Staff

Governing Board



DEPARTMENT: <i>Infection Prevention</i>	Page 1 of 1
SUBJECT: <i>Definitions of Healthcare Associated Infections</i>	

POLICY:

It is the policy of the Southern Humboldt Community Healthcare District ("SHCHD" or "District") to utilize the standard definitions from the Center for Disease Control and Prevention (CDC) for defining healthcare associated infections (HAI) so that data from the District can be compared to regional and national benchmarks.

DEFINITIONS:

N/A

REFERENCES:

N/A

REVIEWED BY:

Administrative Team

Medical Staff

Governing Board



DEPARTMENT:
Infection Prevention

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SUBJECT:
Ebola Management

POLICY:

It is the policy of the Southern Humboldt Community Healthcare District ("SHCHD" or "District") to anticipate and create procedures for caring for highly contagious patients.

DEFINITIONS:

Ebola Virus Disease (EVD) is a viral disease that is transmitted from animals to humans, and humans to humans. It is characterized by fever, anorexia, weakness, chills, headache, muscle aches, vomiting, diarrhea, abdominal pain, malaise. In later stages there can be seizures, watery bloody diarrhea, chest pain, confusion, conjunctival injection. Currently there is no cure for EVD, only symptomatic treatment. Prevention of transmission is the main focus in healthcare facilities.

Ebola is transmitted through direct contact with blood and body fluids, through mucus membranes or parenteral injury. Appropriate transmission-based precautions appropriate for EVD include CONTACT precautions and DROPLET precautions. Ebola is NOT airborne, therefore N-95 masks are not necessary. However current guidance suggests their use to prevent exposure in the event the patient is rapidly intubated, suctioned, or has another type of aerosol-generating procedure. If used, additional eye protection must be worn. Only symptomatic persons can transmit the disease.

CDC APPROACH TO MANAGEMENT:

The CDC has provided a framework for facility management of the suspect person presenting to the facility. This guidance calls for a three-tiered approach based on the ability of the facility to manage Ebola patients.

The three tiers are the frontline healthcare facilities, the Ebola assessment facilities, and the Ebola treatment facilities.

SHCHD is considered a frontline facility. The requirements for this include: (the 3 "I's")

- **IDENTIFY** and triage patients with a relevant history AND signs or symptoms compatible with EVD.
- **ISOLATE** immediately and provide personal protective equipment (PPE) for all who must provide initial care to this patient.
- **INFORM** the Infection Preventionist, the Administrator, the Director of Nursing, and the Public Health Department, asking to speak to the Medical Director.

REFERENCES:

California Department of Public Health. (2014). "Ebola Scenario and Template for Hospital Drill"

Center for Disease Control and Prevention. (2014). "Case Definition for Ebola Virus Disease"

Center for Disease Control and Prevention. (2014). "Interim Guidance for Environmental Infection Control in Hospitals for Ebola Virus"

Center for Disease Control and Prevention. (2014). "Infection Prevention and Control Recommendations for Hospital Patients with known or Suspected Ebola Hemorrhagic Virus in the U.S."

Center for Disease Control and Prevention. "Guidance for the Selection and Use of Personal Protective Equipment in the Healthcare Setting" [Video]

Center for Disease Control and Prevention. (2014). "Interim Guidance for Preparing Frontline Healthcare Facilities for Patients with Possible Ebola Virus Disease"

Center for Disease Control and Prevention. (2014). "Interim Guidance for US Hospital Preparedness for Patients with Possible or Confirmed Ebola Virus Disease: A Framework for a Tiered Approach"

Center for Disease Control and Prevention. (2015). Outbreak Preparedness.

REVIEWED BY:

Administrative Team

Medical Staff

Governing Board



DEPARTMENT: <i>Infection Prevention</i>	Page 1 of 1
SUBJECT: <i>Glucometer Cleaning</i>	

POLICY:

It is the policy of the Southern Humboldt Community Healthcare District ("SHCHD" or "District") to clean all patient care equipment as appropriate to prevent the spread of disease.

DEFINITIONS:

N/A

REFERENCES:

N/A

REVIEWED BY:

Administrative Team

Medical Staff

Governing Board



DEPARTMENT: <i>Infection Prevention</i>	Page 1 of 1
SUBJECT: <i>Guidelines for Healthcare Workers with Infectious Diseases</i>	

POLICY:

It is the policy of the Southern Humboldt Community Healthcare District ("SHCHD" or "District") to reasonably accommodate healthcare workers (HCW) who have been diagnosed as having an infectious disease. The facility has the responsibility to assist and support prevention of disease transmission. Therefore, while diagnosis with an infectious disease does not, in and of itself, justify termination, suspension, or reassignment of an employee, reasonable accommodation of the worker's infectious disease may nonetheless require modification of assignments or procedures, suspension, reassignment or termination. However, the only justifications for such actions shall be those related to the following:

1. Inability of the infected HCW to continue performing work responsibilities in an adequate and safe manner;
2. Inability to reasonably accommodate the HCW's infection without exposing other workers or patients to more than minimal risk of infections;
3. Inability to reasonably accommodate the HCW's infection without exposing him/her to additional opportunistic infections.

DEFINITIONS:

N/A

REFERENCES:

N/A

REVIEWED BY:

Administrative Team

Medical Staff

Governing Board



DEPARTMENT: <i>Infection Prevention</i>	Page 1 of 1
SUBJECT: <i>Guidelines for Patient Placement</i>	

POLICY:

It is the policy of the Southern Humboldt Community Healthcare District ("SHCHD" or "District") to carefully consider the potential for transmission of infection when making decisions regarding patient placement.

DEFINITIONS:

N/A

REFERENCES:

N/A

REVIEWED BY:

Administrative Team

Medical Staff

Governing Board



DEPARTMENT:
Infection Prevention

Page 1 of 2

SUBJECT:
Hand Hygiene

POLICY:

It is the policy of the Southern Humboldt Community Healthcare District ("SHCHD" or "District") to promote healthcare worker hand hygiene as an essential aspect of infection prevention and safe patient care.

GUIDELINES:

Hand hygiene is required:

1. Prior to preparation and administration of medications.
2. Prior to direct contact with patients/residents.
3. Upon entry and exit of patient/resident rooms.
4. After contact with a patient or resident's intact skin.
5. After contact with mucous membranes, blood or other body fluids, secretions, or excretions.
6. After contact with equipment and surfaces in the immediate vicinity of the patient/resident.
7. Prior to donning gloves and after removing gloves
8. Before moving from a contaminated body site or task to a clean body site or task
9. Before inserting indwelling urinary catheters or peripheral vascular catheters

Hand antisepsis with **alcohol-based hand sanitizer is preferred** over soap and water **except** in the situations listed below.

When to preferentially use soap and water to cleanse hands:

1. Before and after eating.
2. After using the restroom.
3. Before assisting patients/residents with food (cutting meat, buttering bread, etc.)
4. When hands are contaminated with proteinaceous material or visibly soiled with blood or other body fluids.
5. Following contact with a patient having suspected or confirmed Clostridium difficile or Noro Virus infection.

Hand Hygiene Education:

The Infection Preventionist is responsible for providing hand hygiene education to all staff upon hire, annually, and when special needs arise. Education includes the rationale for hand hygiene, appropriate indications, proper methods, and the location of products in the facility. Nursing staff are required to complete an annual demonstration of competency during Skills Days.

Artificial Nails:

Artificial nails harbor more organisms and are harder to clean than natural nails. Therefore, artificial nails for patient care staff are discouraged. However, because SHCHD has no high-risk areas (such as a Burn Unit or Neonatal Intensive Care Unit), artificial nails are not prohibited

It is recommended that natural nail tips be no longer than ¼ inch.

Hand Lotions:

An important aspect of the Hand Hygiene program is ensuring that a high-quality hand lotion is readily available to patient care staff. Frequent hand hygiene removes natural oils from the hands and can lead to dryness, chafing, and fissuring of the skin. These breaks in the skin barrier are painful and discourage appropriate hand hygiene. They can also be portals of entry for bacteria.

Daily or more frequent use of hand lotion is strongly encouraged to prevent skin breakdown. Dermatitis or other skin problems that do not resolve with the regular use of hand lotion should be reported to the Infection Preventionist.

Hand lotion containers with pump dispensers are stocked in the ED, the Hospital Nurses' Station, and the Clinic. To prevent contamination, avoid touching the opening of the pump when dispensing lotion.

The use of personal hand lotion products brought from home is discouraged and carrying lotion containers in one's pockets is not allowed. These practices can result in contaminated containers and subsequently, contaminated hands.

Accessibility of Hand Hygiene Products:

Accessibility of hand hygiene products is an important component of promoting hand hygiene. With this in mind, wall-mounted hand sanitizer dispensers have been installed throughout the facility. In particular, dispensers have been mounted at the entrance to every patient and resident room. There is also at least one dispenser inside each patient/resident room. Every patient care area has at least one handwashing sink with a soap dispenser. Environmental Services (EVS) staff monitors the dispensers and replaces them when empty.

Hand Hygiene Compliance Monitoring:

Staff adherence with recommended hand-hygiene practices is monitored as recommended by the CDC. When observations of compliance or non-compliance are made by Department Managers, immediate feedback to staff is required. Infection Control literature shows this to be an effective method for improving compliance.

The Infection Preventionist reports data on staff performance to Medical Staff and Nursing Staff at least quarterly. Improving and maintaining staff compliance with the Hand Hygiene policy is the responsibility of Department Managers.

DEFINITIONS:

N/A

REFERENCES:

N/A

REVIEWED BY:

Administrative Team

Medical Staff

Governing Board



DEPARTMENT: <i>Infection Prevention</i>	Page 1 of 1
SUBJECT: <i>Infection Prevention Education</i>	

POLICY:

It is the policy of Southern Humboldt Community Healthcare District ("SHCHD" or "district") to educate all staff, volunteers, contracted workers, and physicians in the basic principles and practices of infection prevention, as appropriate to their job description in this facility.

DEFINITIONS:

N/A

REFERENCES:

N/A

REVIEWED BY:

Administrative Team

Medical Staff

Governing Board



DEPARTMENT: <i>Infection Prevention</i>	Page 1 of 2
SUBJECT: <i>Infection Prevention Performance Improvement Program</i>	

POLICY:

It is the policy of the Southern Humboldt Community Healthcare District's ("SHCHD" or "District") to continuously improve activities related to infection surveillance, prevention, and control.

SCOPE

The program includes the acute care hospital, the distinct part skilled nursing facility (SNF), and the Community Clinic, encompassing each department or service that interacts with patients and employees including inpatient services, outpatient services, clinic services, and support services. The program interfaces in varying degrees with sterilization and disinfection, hazardous waste management, employee health, orientation, and education, environmental services, policies and procedures, traffic control, product selection, integration of new services or personnel, applicable laws, Public Health Department, medication use, nutrition services, laundry and linen services, and engineering. The Infection Prevention Performance Improvement Program is a component of the hospital-wide *Plan for Improving Organizational Performance*.

PROGRAM ORGANIZATION

The Infection Prevention Program is the responsibility of the hospital Infection Preventionist (IP). The authority for instituting surveillance, prevention, and control measures lies with the Medical Staff. The Infection Prevention Program and all its accompanying policies and procedures are housed in the Infection Prevention Manual, available to all departments on the hospital computer system. In addition, many departments have policies and procedures which are specific to the activities of that department. These are located in each department's specific policy and procedure manual. The IP maintains a master copy of all hospital IP policies.

DEFINITIONS:

N/A

REFERENCES:

REFERENCES:

Centers for Disease Control and Prevention. Infection Control Guidelines. Available online at <https://www.cdc.gov/hai/>

Horan, T.C., Andrus, M., Dudeck, M.A (2008). CDC/NHSN surveillance definition of healthcare associated infection and criteria for specific types of infection in the acute care setting. *American Journal of Infection Control*, Vol 36(5); 309-332.

Joint Commission on the Accreditation of Healthcare Organizations (2008). Managing performance measurement data in health care. Oakbrook Terrace, IL. Vol 118.

Monsee, E. (2014). Quality Concepts; APIC Text chapter. Available on-line by subscription at WWW.apic.org

Soule, B. B., et al (2014). Performance Measures. APIC Text on-line. Available by subscription at www.apic.org.

Stone, N.D; Ashraf, M.S; Calder, J., et al (2012). Surveillance definitions of infections in long-term care facilities: revisiting the McGeer Criteria. *Infection Control and Hospital Epidemiology*. Vol 33 (10), 965-977.

Yokoe, D.S.; Mermel, L.A; Anderson, D.J., et al (2008). A compendium of strategies to prevent healthcare associated infections in acute care hospitals. *Infection Control and Hospital*

Epidemiology, Vol 29 (supp); 12-21.

REVIEWED BY:

Administrative Team

Medical Staff

Governing Board



DEPARTMENT: <i>Safety and Emergency Preparedness</i>	Page 1 of 1
SUBJECT: INFECTIOUS DISEASE RESPIRATORY OUTBREAK	

POLICY:

It is the policy of the Southern Humboldt Community Healthcare District ("SHCHD" or "District") to establish and maintain an emergency preparedness/disaster plan for infectious disease disasters including pandemics and/or seasonal/regional surges in coronavirus disease (COVID-19)/influenza or other potentially infectious respiratory diseases.

DEFINITIONS:

Coronavirus Disease: Infectious disease caused by the SARS-Cov-2 virus.

Infectious Disease Disaster: A disaster that results from an infectious disease. This includes bioterrorism attacks, outbreaks of emerging infectious diseases, and pandemics.

Outbreak: sudden rise in the number of cases of a disease. An outbreak may occur in a community or geographical area or may affect several countries.

Pandemic: A global outbreak of disease in humans that affects at least two continents and/or exceeds expected rates of morbidity and mortality.

REFERENCES:

APIC Text of Infection Control and Epidemiology. (2020). Washington, D.C.: Association for Professionals in Infection Control and Epidemiology.

CDPH AFL 23-12 Covid-19 Recommendations for PPE, Resident Placement/Movement, and Staffing in SNFs.

CDPH AFL 22.07.1 Guidance for Limiting the Transmission of COVID-19 in SNF's.

CDPH AFL 22-31 Movement of Patients/Residents in the Healthcare Continuum During Seasonal Surges and the Coronavirus Disease 2019 (COVID-19) Pandemic

REVIEWED BY:

Infection Prevention

Safety Committee

Medical Staff

Governing Board



DEPARTMENT: <i>Infection Prevention</i>	Page 1 of 1
SUBJECT: <i>Influenza Immunization Program</i>	

POLICY:

It is the policy of the Southern Humboldt Community Healthcare District ("SHCHD" or "District") to offer the influenza vaccine to all healthcare personnel (at no cost), patients, and residents annually.

BACKGROUND:

Influenza (flu) is a viral infection of the respiratory system that can affect persons of any age. Outbreaks usually occur in the United States from November to April. Although most people are only ill for a few days, some, particularly the very young and the elderly and/or debilitated, may be ill enough to require hospitalization. Thousands of people die each year in the United States from flu and related complications. Viruses that cause flu frequently change (mutate) and immunity produced by the vaccine decreases over time. The Advisory Committee on Immunization Practices (ACIP) recommends that all healthcare personnel (HCP) should be vaccinated annually against influenza.

DEFINITIONS:

N/A

REFERENCES:

N/A

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DEPARTMENT:
Infection Prevention

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SUBJECT:
***Influenza Prevention
and Control***

POLICY:

It is the policy of the Southern Humboldt Community Healthcare District ("SHCHD" or "District") to follow accepted infection control guidelines to prevent and control influenza in the Hospital and Clinic.

DEFINITIONS:

Influenza (flu) is a contagious respiratory illness caused by influenza viruses that infect the nose, throat, and lungs. There are two main types of influenza (flu) viruses: types A and B. The influenza A and B viruses that routinely spread in people (human influenza viruses) are responsible for seasonal flu epidemics each year.

REFERENCES:

Center for Disease Control (CDC) (Updated September 2022. About Flu. Retrieved from:
<https://www.cdc.gov/flu/about/index.html>

APIC position paper: influenza immunization of healthcare personnel.
http://www.apic.org/Resource_/TinyMceFileManager/Advocacy-PDFs/APIC_Influenza_Immunization_of_HCP_12711.pdf

California Department of Public Health (updated October 2019). Recommendations for the Prevention and Control of Influenza in California Skilled Nursing Facilities (SNF). Retrieved from:
https://www.sfcddp.org/wp-content/uploads/2018/01/RecommendationsForThePreventionAndControlOfInfluenza_FINAL.pdf

Centers for Disease Control and Prevention (2017). Interim Guidance for Influenza Outbreak Management in Long-Term Care Facilities. Retrieved from:
<https://www.cdc.gov/flu/professionals/infectioncontrol/ltc-facility-guidance.htm>

Grohskopf LA, Sokolow LZ, Broder KR, et al. Prevention and Control of Seasonal Influenza with Vaccines. MMWR Recomm Rep 2016;65(No. RR-5):1-54.
<https://www.cdc.gov/mmwr/volumes/70/rr/rr7005a1.htm>

Prevention Strategies for Seasonal Influenza in Healthcare Settings: Guidelines and Recommendations. Retrieved from <http://www.cdc.gov/flu/professionals/infectioncontrol/healthcaresettings.htm>.

CDC Interim Guidance for Routine and Influenza Immunization Services During the COVID-19 Pandemic.
<https://www.cdc.gov/vaccines/pandemic-guidance/index.html>

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DEPARTMENT: Infection Prevention	Page 1 of 1
SUBJECT: Isolation Supplies	

POLICY:

It is the policy of the Southern Humboldt Community Healthcare District ("SHCHD" or "District") to make available all equipment and supplies necessary to care for an isolation patient in such a manner as to decrease the possibility of the spread of infection.

DEFINITIONS:

N/A

REFERENCES:

N/A

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DEPARTMENT: <i>Infection Prevention</i>	Page 1 of 1
SUBJECT: <i>Linen Handling</i>	

POLICY:

It is the policy of Southern Humboldt Community Healthcare District (the "District") to store, handle, and transport linen in compliance with federal and state Occupational Safety and Health Administration (OSHA) regulations.

DEFINITIONS:

N/A

REFERENCES:

N/A

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DEPARTMENT: <i>Infection Prevention</i>	Page 1 of 1
SUBJECT: <i>Mandatory Disease Reporting</i>	

POLICY:

It is the policy of the Southern Humboldt Community Healthcare District to report specified conditions and diseases to the local public health authority in accordance with local, state, and federal regulations.

DEFINITIONS:

N/A

REFERENCES:

Title 17, California Code of Regulations (CCR) §2500, §2593, §2641.5-2643.20, and §2800-

Locally reportable diagnoses and conditions <http://www.humboldtgov.org/DocumentCenter/View/52310>

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DEPARTMENT: <i>Infection Prevention</i>	Page 1 of 1
SUBJECT: <i>Outbreak Investigation and Management</i>	

POLICY:

It is the policy of Southern Humboldt Community Healthcare District ("SHCHD" or "District") to provide a system for the investigation and management of outbreaks of communicable disease *or* infectious conditions.

DEFINITIONS:

Communicable disease: an illness due to a specific infectious agent or its toxic products which arises through transmission of that agent or its products from an infected person, animal, or inanimate reservoir to a susceptible host, either directly or indirectly through an intermediate plant or animal host, vector, or the inanimate environment.

Outbreak: An increase over the expected occurrence of an event. In some cases, one incident (if it is a rare organism, for example) can be considered an outbreak.

REFERENCES:

N/A

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DEPARTMENT: <i>Infection Prevention</i>	Page 1 of 1
SUBJECT: <i>Pneumococcal Immunization of Adults</i>	

POLICY:

It is the policy of the Southern Humboldt Community Healthcare District ("SHCHD" or "District") to assess the need for pneumococcal vaccination and to vaccinate adult patients and residents that meet screening criteria.

DEFINITIONS:

N/A

REFERENCES:

Kobayashi M, Bennett NM, Gierke R, Almendares O, Moore MR, Whitney CG, et al (2015). Intervals between PCV13 and PPSV23 vaccines: recommendations of the Advisory Committee on Immunization Practices (ACIP). *MMWR*. 2015;64 (34):944-7. Retrieved from <https://www.cdc.gov/mmwr/pdf/wk/mm6434.pdf#page=16>

Standing orders for Administering Pneumococcal Vaccines (PCV13 and PPSV23) to Adults. Immunization Action Coalition, St. Paul, Minnesota (January 2017). Retrieved from <http://www.immunize.org/catg.d/p3075.pdf>

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DEPARTMENT: <i>Infection Prevention</i>	Page 1 of 1
SUBJECT: <i>Pre-Hospital Emergency Personnel Exposures to Infectious Diseases</i>	

POLICY:

It is the policy of the Southern Humboldt Community Healthcare District ("SHCHD" or "District") to adhere to both the federal and state requirements for notification of pre-hospital emergency personnel if it is determined that they have been exposed to certain infectious diseases.

DEFINITIONS:

Pre-hospital emergency medical care personnel: per California and federal law, these are mobile intensive care nurses (MICN), emergency medical technicians (EMT), paramedics, lifeguards, firefighters, peace officers, physicians, pre-hospital volunteers, and all others as delineated by law. Per federal law, these individuals are called "emergency response employees" (EREs).

REFERENCES:

California Health and Safety Code, Section 1797.188, amended 2017
California Code of Regulations, Title 17, Section 2500.
Ryan White Comprehensive AIDS Resource Emergency (CARE) Act
Code of Federal Regulations, 76, section 67742, November 2, 2011

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DEPARTMENT: <i>Infection Prevention</i>	Page 1 of 1
SUBJECT: <i>Purewick Female External Catheter</i>	

POLICY:

It is the policy of Southern Humboldt Community Healthcare District ("SHCHD" or "District") to implement practices that reduce the risk of healthcare-associated infections (HAI's) as much as possible.

DEFINITIONS:

N/A

REFERENCES:

N/A

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SUBJECT:
Rabies Prophylaxis

POLICY:

POLICY:

It is the policy of Southern Humboldt Community Healthcare District to provide rabies prophylaxis, as appropriate, based on current guidelines from the Advisory Committee on Immunization Practices (ACIP).

BACKGROUND INFORMATION:

As a rural county, residents have frequent contact experiences with wild animals. All mammals can become infected with rabies, but in Humboldt the disease is seen most commonly in the skunk, the bat, and the fox. The rabies virus is transmitted through the infected animal's saliva or brain/nervous system tissue. One can only contract rabies by coming in contact with these specific bodily excretions and tissues. Exposure occurs when the virus is introduced via a bite wound, open cuts in skin, or onto mucous membranes such as the mouth or eyes. Incubation generally varies from one week to one year, but typically is one to three months, dependent upon factors such as the location of virus entry and viral load. Because the frequency and type of local rabies activity varies, consultation with a public health official given current conditions.

It's important to remember that rabies is a medical urgency but not an emergency. There are two important instances, when, after consideration of the exposure, delay might be recommended by Public Health:

- a) If the biting animal can be located and its brain tested, post exposure prophylaxis (Post-EP) could potentially be delayed a few days for the results.
 - For testing guidance contact **Environmental Health at 707-445-6215**.
 - After hours and weekends, call the **Health Officer via the Sheriff at 707-445-7251**
- b) A rabid cat, dog, or ferret will die within 10 days of symptom onset. If the rabies risk came from the bite of a cat, dog or ferret, and that animal can be observed to survive a 10-day quarantine, rabies exposure can be ruled out.

DEFINITIONS:

Rabies is a preventable viral disease most often transmitted through the bite of a rabid animal. The rabies virus infects the central nervous system of mammals, ultimately causing disease in the brain and death. The vast majority of rabies cases reported to the Centers for Disease Control and Prevention (CDC) each year occur in wild animals like bats, raccoons, skunks, and foxes, although any mammal can get rabies.

References:

Center for Disease Control (CDC) (2020.) What is Rabies. Retrieved from:
<https://www.cdc.gov/rabies/about.html>

Center for Disease Control (CDC) (2014.) Rabies Vaccine. Retrieved at:
https://www.cdc.gov/rabies/medical_care/vaccine.html.

Humboldt County Public Health Guidance 2017 (attachment A) and Algorithm (attachment B)

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SUBJECT:
***Respiratory
Hygiene/Cough
Etiquette***

POLICY:

It is the policy of the Southern Humboldt Community Healthcare District ("SHCHD" or "District") to follow Respiratory Hygiene/Cough Etiquette practices as recommended by the Centers for Disease Control and Prevention (CDC) to limit the spread of infectious organisms from persons entering the facility with possible respiratory infection.

DEFINITIONS:

N/A

REFERENCES:

Centers for Disease Control and Prevention (CDC). Prevention Strategies for Seasonal Influenza in Healthcare Settings: Influenza Modes of Transmission. Retrieved from <http://www.cdc.gov/flu/professionals/infectioncontrol/healthcaresettings.htm>

CDC Respiratory Hygiene/Cough Etiquette in Healthcare Settings. Retrieved from: <https://www.cdc.gov/flu/professionals/infectioncontrol/resphygiene.htm>

Wiksten, T. 2014. Standard Precautions, Respiratory Hygiene. APIC Text of Infection Control and Epidemiology. Available on-line by subscription at www.apic.org

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DEPARTMENT: <i>Infection Prevention</i>	Page 1 of 1
SUBJECT: <i>Safe Injection Practices</i>	

POLICY:

It is the policy of the Southern Humboldt Community Healthcare District ("SHCHD" or "District") to ensure that all members of the healthcare team comply with current recommendations from the Centers for Disease Control and Prevention (CDC) and the Association of Professionals in Infection Control (APIC) regarding safe injection practices.

DEFINITIONS:

N/A

REFERENCES:

Centers for Disease Control and Prevention (2007). 2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings. Retrieved from <https://www.cdc.gov/infectioncontrol/pdf/guidelines/isolation-guidelines.pdf>.

Centers for Disease Control and Prevention. One and Only Campaign. Retrieved from http://oneandonlycampaign.org/safe_injection_practices. Accessed December 14, 2017.

The Association for Professionals in Infection Control and Epidemiology (APIC), 2016. APIC Position Paper: Safe Injection, Infusion, and Medication Vial Practices in Health Care (2016). Retrieved from https://www.apic.org/Resource_/TinyMceFileManager/Position_Statements/2016APICSIPPositionPaper.pdf.

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DEPARTMENT: <i>Infection Prevention</i>	Page 1 of 1
SUBJECT: <i>Tetanus, Diphtheria, Pertussis (Tdap) Immunization in the Emergency Department</i>	

POLICY:

It is the policy of the Southern Humboldt Community Healthcare District ("SHCHD" or "District") to offer vaccines in accordance with the guidelines of the Centers for Disease Control and Prevention (CDC) and the Advisory Committee on Immunization Practices (ACIP).

DEFINITIONS:

Tetanus infection is a disease of the nervous system caused by the bacteria clostridium tetani. C. tetani spores live in the soil and enter the body through open wounds. Tetanus vaccine confers disease immunity that lasts for approximately 10 years.

Diphtheria is an acute infectious respiratory infection caused by Corynebacterium diphtheriae. It causes a thick coating to develop at the back of the throat that may obstruct breathing.

Pertussis is a droplet borne respiratory infection caused by the bacterium Bordetella pertussis. The illness is characterized by paroxysms of cough followed by a high pitched "whoop" and sometimes vomiting. It can affect persons of all ages, but infants too young to be fully immunized are at highest risk of serious illness and death. Pertussis incidence has been on the increase in adults due to waning immunity from childhood vaccination.

REFERENCES:

Centers for Disease Control and Prevention. (2021, August 6). *Vaccine information statement*. Centers for Disease Control and Prevention. Retrieved August 19, 2022, from <https://www.cdc.gov/vaccines/hcp/vis/vis-statements/tdap.html>.

Centers for Disease Control and Prevention. (2020, January 22). *Diphtheria, tetanus, and pertussis vaccine recommendations*. Centers for Disease Control and Prevention. Retrieved August 19, 2022, from <https://www.cdc.gov/vaccines/vpd/tdap-tdap-hcp/recommendations.html>.

Vaccine information statements. Tdap - Tetanus, Diphtheria, Pertussis - Vaccine Information Statement. (n.d.). Retrieved August 19, 2022, from https://www.immunize.org/vis/vis_tdap.asp.

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DEPARTMENT: <i>Infection Prevention</i>	Page 1 of 1
SUBJECT: <i>Transmission-Based (Isolation) Precautions</i>	

POLICY:

It is the policy of the Southern Humboldt Community Healthcare District ("SHCHD" or "District") to institute Transmission-Based Precautions in addition to Standard Precautions for patients with documented or suspected infection or colonization with highly transmissible or epidemiologically important pathogens for which additional precautions are needed to prevent transmission.

DEFINITIONS:

N/A

REFERENCES:

Barrends, C. (2014). Isolation precautions (transmission-based precautions). APIC Text of Infection Control and Epidemiology. Available on-line by subscription at www.apic.org.

California Code of Regulations, Title 8, Section 1593, Bloodborne Pathogens Standard. Retrieved from: <https://www.dir.ca.gov/title8/15193.html>

Cal-OSHA Title 8 CCR § 5199. Aerosol transmissible diseases, August 2009. Retrieved from: <http://www.dir.ca.gov/oshsb/atdapprvdtxt.pdf>

Carrico, R. (2013). Guide to preventing clostridium difficile infections. APIC Implementation Guide. Retrieved from <https://apic.org/Resource/EliminationGuideForm/59397fc6-3f90-43d1-9325-e8be75d86888/File/2013CDiffFinal.pdf>

Siegel J, Rhinehart E, Jackson M, et al., and the Healthcare Infection Control Practices Advisory Committee (HICPAC). 2007 Guideline for isolation precautions: preventing transmission of infectious agents in health care settings. Retrieved from <https://www.cdc.gov/infectioncontrol/pdf/guidelines/isolation-guidelines.pdf>

Siegel J, Rhinehart E, Jackson M, et al., and the Healthcare Infection Control Practices Advisory Committee (HICPAC). Management of multidrug-resistant organisms in healthcare settings, 2006. Retrieved from: <https://www.cdc.gov/mrsa/pdf/mdroguideline2006.pdf>

Wiksten, T. (2014). Standard precautions. APIC Text of Infection Control and Epidemiology. Available on-line by subscription at www.apic.org.

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DEPARTMENT: <i>Infection Prevention</i>	Page 1 of 1
SUBJECT: <i>Urinary Catheters, indwelling</i>	

POLICY:

It is the policy of the Southern Humboldt Community Healthcare District ("SHCHD" or "District") to utilize evidence-based practices to reduce the risk of catheter-associated urinary tract (CAUTI) infections.

DEFINITIONS:

CAUTI: occurs when germs (usually bacteria) enter the urinary tract through the urinary catheter and cause symptoms. CAUTIs have been associated with increased morbidity, mortality, healthcare costs, and hospital length of stay. They require treatment with antibiotics.

REFERENCES:

Association for Professionals in Infection Control (APIC), 2008. Guide to Elimination of Catheter-Associated Urinary Tract Infections (CAUTIs). APIC; Washington, DC. Retrieved from <https://www.apic.org/Resource/EliminationGuideForm/c0790db8-2aca-4179-a7ae-676c27592de2/File/APIC-CAUTI-Guide.pdf>

Carr, H. (2014). Urinary Tract Infection. APIC on-line text available by subscription at www.apic.org Institute for Healthcare Improvement (IHI), 2011. How-To Guide: Prevention of Catheter-Associated Urinary Tract Infections. Cambridge, MA. Retrieved from <http://www.ihi.org/resources/Pages/Tools/HowtoGuidePreventCatheterAssociatedUrinaryTractInfection.aspx>

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