



TDCJ Risk Management's Training Circular

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Infection Control

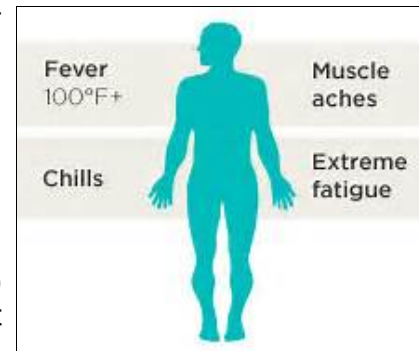
The purpose of infection control is to reduce the occurrence of infectious diseases. These diseases are usually caused by bacteria or viruses and can be spread by human to human contact, animal to human contact, human contact with an infected surface, airborne transmission through tiny droplets of infectious agents suspended in the air, and, finally, by such common vehicles as food or water. Diseases that are spread from animals to humans are known as zoonoses; animals that carry disease agents from one host to another are known as vectors.

staphylococcal infections in hospitals. Because there are both the risk of health care providers acquiring infections themselves, and of them passing infections on to patients, the Centers for Disease Control and Prevention (CDC) established guidelines for infection control procedures. In addition to hospitals, infection control is important in nursing homes, clinics, child care centers, and restaurants, as well as in the home.

one - four days after the virus enters the body. Some persons can be infected with the flu virus, but have no symptoms. During this time, those persons can still spread the virus to others. The flu is different from a cold; it usually comes on suddenly and can include the following symptoms:

Influenza

The seasonal flu (influenza) is a contagious disease that is caused by the influenza virus. It attacks the respiratory tract (nose, throat, and lungs) in humans. The flu is contagious. A person can spread the flu starting one day before they feel sick. Adults can continue to pass the flu virus to others for another three - seven days after symptoms start. Children can pass the virus for longer than seven days. Symptoms start



Precautions

If a person has any of the influenza-like symptoms, they should refrain from exposing themselves to others in effort to prevent the possible spread of illness.



Infection control has become a formal discipline in the United States since the 1950s, due to the spread of

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The CDC recommends annual vaccination as the best tool for influenza prevention.

However, for persons with suspected or confirmed influenza, treatment with antiviral drugs can be an important component of clinical care.



Evidence from past influenza seasons and the 2009 H1N1 pandemic has consistently shown that treatment with antiviral medications reduces severe outcomes of influenza when initiated as soon as possible after illness onset. Clinical trials and observational data show that early antiviral treatment may (1) shorten the duration of fever and illness symptoms (2) reduce the risk of complications from influenza and (3) shorten the duration of hospitalization.

Handwashing is like a "do-it-yourself" vaccine—it involves five simple and effective steps you can take to reduce the spread of diarrheal and respiratory illness so you can stay healthy.

- **Wet** your hands with clean, running water (warm or cold), turn off the tap, and apply soap.
- **Lather** your hands by rubbing them together with the soap. Be sure to lather

the backs of your hands, between your fingers, and under your nails.

- **Scrub** your hands for at least 20 seconds. Need a timer? Hum the "Happy Birthday" song from beginning to end twice.
- **Rinse** your hands well under clean, running water.
- **Dry** your hands using a clean towel or air dry them.

Regular handwashing, particularly before and after certain activities, is one of the best ways to remove germs, avoid getting sick, and prevent the spread of germs to others.



Even if gloves are worn, hand washing is still extremely important when gloves are removed. Gloves may become perforated and bacteria can multiply rapidly on gloved hands.

Exercise cough etiquette, which simply means Cover Your Cough! Anytime someone coughs or sneezes, they should cover their mouth and nose with a tissue or cough or sneeze into their upper sleeve, not into their hands. Also,

wash hands with soap and water after coughing or sneezing.

Bloodborne Pathogens

A bloodborne pathogen is an infectious agent that is transmitted through exposure to blood or contaminated body fluids and can cause illness or disease. Some examples of bloodborne pathogens include hepatitis B virus (HBV), hepatitis C virus (HCV) and human immunodeficiency virus (HIV).

Blood is the most important body fluid that may contain a bloodborne pathogen. Other body fluids that can contain these pathogens even if no blood is visible Other Potentially Infectious Materials (OPIM) include spinal fluid, joint fluid, amniotic fluid (the water from childbirth) semen, vaginal secretions and the small amount of fluid that surrounds the heart, lungs and intestines. Except for semen, it is unlikely that a non-medical worker would have an exposure to any of these other fluids without blood also being present.

Routes of Exposure

An exposure can only take place if the pathogen can get into the body of the exposed person. This can happen if blood or OPIM comes into contact with a mucous membrane, broken skin (such a

recent cut, burn or abrasion) or a parenteral exposure.

Use Personal Protective Equipment (PPE)

for contaminated clothing or regulated medical waste.

Employees are expected to recognize other potential exposures. If you are uncertain about an exposure it is better to report it than to assume there is no danger.

PPE includes water-resistant gowns, gloves, face shields, use of force shield, shoe covers and other equipment determined appropriate for a particular job or task.



Prevention of Exposures

Administrative controls

All employees must be familiar with the TDCJ Exposure Control Plan

Annual bloodborne pathogen refresher training is required for all persons at risk of an occupational exposure.

Work Practices

Properly label containers and storage areas.

Disinfect contaminated equipment and materials before releasing for re-use.

Dispose of contaminated materials according to Infection Control Manual Policy B-14.25.

Clean spill of blood or OPIM when they occur by trained personnel using appropriate personal protective equipment and disinfectant.

Engineering Controls

Dispose of potentially contaminated sharps in an approved container, according to Infection Control Manual Policy B-14.24.



PPE are to be used whenever exposure to blood or OPIM can reasonably be anticipated. The employee is responsible for using the appropriate PPE.

The supervisor is responsible for assuring the appropriate PPE is available and is used. PPE should be inspected before use. If damaged get it replaced.

PPE needs to be cleaned and disinfected when dirty or contaminated.

Labeling

A universal biohazard sign in fluorescent orange or orange-red must be attached to any container containing blood or OPIM, sharps or materials contaminated with blood or OPIM. A red bag may be used in place of a labeled container

Spills

Spills of blood or OPIM must be contained and cleaned up immediately. Broken glass must not be picked up with the hands. Appropriate PPE should be worn by the person cleaning up the spill. Contaminated materials must be disposed of properly. A spill kit containing supplies necessary for cleaning small spills can be obtained from the unit medical department – refer to Infection Control Manual Policy B-14.25 Attachment A for further guidance. Large spills may require additional PPE such as gowns or shoe covers.

When an Exposure Occurs

For any exposure it is important to report it as soon as possible. TDCJ has a policy (Health Services Division Policy B-14.5) that governs the medical management of exposures to bloodborne pathogens. After an exposure occurs, a medical person should determine the manner of ex-

posure and the body fluid involved in the exposure. Your role here is to be able to give an accurate account of the exposure, so it is important to note whether blood or OPIM were involved, and what parts of your body were exposed. However, do not leave the blood or OPIM in place for the medical staff to see – wash it off with soap and water as soon as possible. If it does not cause undue delay, it may be helpful to have a coworker or supervisor view and take note of the extent of the exposure before cleaning up.

To qualify for workers' compensation benefits, state law requires an employee who claims a possible work-related communicable disease exposure to provide a written statement to TDCJ documenting the date and circumstances of the exposure and documenting the fact that within ten (10) calendar days after the date of the exposure the employee had a test result that indicated an absence of infection.

Therefore, an employee who believes he or she may have been exposed to a communicable disease (i.e., tuberculosis, Hepatitis B, HIV, or other communicable disease) as a result of the employee's work-related duties shall immediately:

- Complete a Possible Work-Related Exposure Form and an Employee's

- Report Packet for Workers' Compensation;
- Provide the completed form and packet to the employee's supervisor; and
- Contact the unit coordinator of infectious disease (CID) nurse at the nearest unit to ensure that the incident qualifying as an exposure is further documented.

Regardless of whether the exposure was capable of transmitting an infection, the medical department will offer baseline testing for HIV, hepatitis B and hepatitis C. This testing is optional, but highly recommended because you may need the results in the future to help establish a workers compensation claim. If the medical person judges the exposure to present a risk of transmission of infection, additional tests will be recommended at 6 weeks, 3 months, 6 months and 12 months after exposure, unless results of the source or baseline testing make the additional blood tests unnecessary.

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TDCJ Bloodborne Pathogen Program.

TDCJ PD-45, Workers' Compensation and Return to Work Program

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