LAPEER COUNTY COMMUNITY MENTAL HEALTH **Date Issued** 01/25/2010
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CHAPTER Health/Medical	**CHAPTER** 03	**SECTION** 002	**SUBJECT** 25
SECTION Health Care	**DESCRIPTION** Communicable Disease and Illness Prevention and Management		
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APPLICATION:

☒CMH Staff	☐Board Members	☒Provider Network	☒Employment Services Providers
☐Employment Services Provider Agencies	☒Independent Contractors	☒Students	☒Interns
☒Volunteers	☒Persons Served		

POLICY:

Lapeer County Community Mental Health (LCCMH) ensures the health and well-being of persons served and staff by providing protection and information to prevent the spread of communicable diseases and infections.

STANDARDS:

A. Infection Control policies, procedures, and guidelines are developed with input from the Health and Safety Committee, administration, medical and nursing staff, and other appropriate resources, see LCCMH Policy 08.003.05 Health and Safety Committee.

B. Infection prevention and control policies and practices are based on current guidance and recommendations from the Centers for Disease Control and Prevention (CDC), the Lapeer County Health Department, and other applicable regulatory or public health authorities.

C. All employees receive infection control education, including Universal and Standard Precautions, during new hire orientation and ongoing according to the

LCCMH Training Grid. Additional or specialized training is provided as needed based on job responsibilities, identified risks, or changes in applicable guidance.

PROCEDURES:

A. Infection Control Coordinator

1. A nurse or physician serving on the Health and Safety Committee is designated as the Infection Control Coordinator and oversees infection surveillance, prevention, and control. The Infection Control Coordinator:

    a. Provides reference materials concerning infection control as necessary

    b. Serves as the primary contact person between LCCMH and the Lapeer County Health Department

    c. Is responsible for infection control educational programs

    d. Is responsible for keeping nursing and medical staff informed of policy additions and changes

    e. Seeks and considers the input of nursing and medical staff regarding infection control concerns

    f. Maintains a log of reported communicable diseases and infections in accordance with applicable public health guidelines, including:

        1. Type of infection

        2. Origin of infection

        3. Number of people involved

        4. Confirmed or suspected diagnosis

        5. Involvement of outside agencies

        6. Care given

        7. Actions taken

g. Recommendations for the prevention of further infection

h. Reports pertinent, non-identifiable activities and concerns at the Health and Safety Committee meetings.

B. The Health and Safety Chairperson submits an annual summary of infection control activities for inclusion in the Quality Council Annual Report.

C. General Infection Prevention and Control

1. Staff practice Universal Precautions, see LCCMH Policy 05.003.15 Universal Precautions/Standard Precautions.

2. Personal Protective Equipment (PPE) is readily available for all departments to use, according to CDC guidelines.

3. Protective mouthpieces are readily accessible at each automated external defibrillator (AED) location. Used mouthpieces are discarded and nursing staff are notified for replacement.

4. Hand washing is promoted and required as the primary method of stopping the spread of disease. Soap and towels are provided at all sinks.

D. Environmental Cleaning and Infection Prevention

1. Staff are responsible for ensuring thorough cleaning procedures using disinfectant agents are done frequently and regularly in program rooms.

2. Periodic checks of cleaning practices are completed and identify areas of neglect or concern that are reported to the supervisor.

3. All trash containers are lined with leak-proof plastic bags and emptied regularly.

4. Biohazard puncture-resistant containers for the disposal of sharps are readily available in clinic areas. Full containers are removed and disposed of by the contracted biohazard disposal company.

5. The Health and Safety Committee ensures regular inspections and exterminations for insects and vermin.

6. Staff exposed to parasitic insects notify the Nursing Supervisor or designee for treatment instructions. Visible infestations must also be reported to the Contracts Manager (Facilities) for evaluation and appropriate action.

E. Food Safety

1. Individuals with known Hepatitis A do not participate in the preparation and cooking of other people's food. They may participate in the preparation of their own food. They may participate in clean-up activities after the food is consumed.

2. Disposable dining items are provided for single use.

3. Staff ensure reusable utensils and containers are washed and sanitized immediately after use.

4. Food items are stored off the floor in areas separate from cleaning supplies.

F. Staff experiencing symptoms of a possible infectious agent are expected to follow the CDC Guidelines for returning to work.

G. Persons Served: Assessment and Management of Infectious Conditions

1. When the person served appears ill, staff assess the condition of the individual. The condition may be assessed by the following:

   a. Input from the person served, parent/guardian, and/or group home;

   b. Observation of the individual's behavior;

   c. Taking the individual's vitals

2. Individuals with symptoms of infectious condition do not attend program.

3. The program supervisor or designee may send individuals home when their condition could jeopardize others' health. If necessary, staff notify the appropriate caregiver to arrange transportation within one hour.

4. Symptoms may include, but are not limited to:

a. Lethargy

b. Fever (101 degrees or higher)

c. Nausea

d. Diarrhea (multiple occurrences)

e. Vomiting

f. Bacterial conjunctivitis (pink eye)

g. Any other active infectious condition

5. Individuals with symptoms of Hepatitis or Tuberculosis, or exposure to a contagious person, may be required to undergo testing.

6. If an individual's condition allows them to remain in program, staff may administer standing medications ordered for the associated symptoms, as needed.

7. A person served may return to the program after being symptom-free for at least 24 hours without fever reducers. The program supervisor will determine whether a physician's note is required; if required, the note must confirm the individual is medically able to return and identify any restrictions or special instructions.

H. Communicable Disease Reporting and Confidentiality

1. LCCMH nurses report known or suspected communicable diseases; Class I and II diseases require reporting, surveillance, and documentation by the Infection Control Coordinator.

2. Persons served with symptoms of an infectious condition may be referred for medical care.

3. Case managers, nurses, physicians, therapists, or program staff can make recommendations directly to the person served, parent, guardian, or foster

care provider.

4. Conditions, recommendations, and follow-up are documented in the clinical record.

5. LCCMH staff working with persons who are known carriers of communicable diseases are made aware and kept up to date regarding the potentially infectious condition, except when that information is confidential by state or federal law.

I. Health Records and Preventive Health

1. Persons served are expected to receive an annual physical examination addressing relevant medical conditions, medications, allergies, restrictions, and special precautions. This may be a requirement for program participation.

2. The medical conditions and needs are reviewed at the annual IPOS meeting, or more often if necessary.

3. Medication assistance or administration requires a physician's order or current prescription on file. See LCCMH Policy 03.001.10 Medication Administration and Assistance with Self-Administration and LCCMH Policy 03.001.20 Psychotropic Medications.

4. Physical examination, diagnostic test, vaccinations, and other pertinent health records must be maintained in the person's file.

5. The case manager is responsible for reviewing records and requesting updated information from the adult foster care, family, or guardian as needed.

6. Seasonal flu vaccinations for persons served are available through their primary care physician. This is a recommended but optional vaccine for persons served in the program.

J. First Aid Supplies

1. First Aid Kits are available at all sites.

2. The Health and Safety Committee maintains inventory for First Aid Kits.

REFERENCES:
LCCMH Policy 03.001.10 Medication Assistance with Administration and Self-Administration
LCCMH Policy 03.001.20 Psychotropic Medications
LCCMH Policy 05.003.15 Universal Precautions
LCCMH Policy 08.003.05 Health and Safety Committee
LCCMH Training Grid

JS/LD

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