

ALASKA PIONEER HOME		P&P No: 08.06
Title: Infection Control Program		Approval: D. COTE
Key Words: Vaccines, Standard Precautions, Surveillance		
Team: All Employees	Effective Date: 8/1/12	Page: 1 of 4

PURPOSE

To identify and reduce risks of infection in residents and staff at the Alaska Pioneer Homes (AKPH) to promote a healthy and safe environment in an efficient and cost-effective manner.

POLICY

Standard precautions and hand hygiene are included in the AKPH infection control education to decrease the risk of transmitting infection. Education is provided during new employee orientation and annual employee education.

Infection control activities involve collaboration between departments within each Home, such as nursing, housekeeping, laundry, dietary, and activities.

AKPH employee health is a part of the infection control program and supports the health of the employees to minimize the transmission of infection from staff to residents.

A seasonal influenza vaccine program for AKPH staff and residents begins each fall and continues until spring of the following year.

DEFINITIONS

Surveillance is a systematic method of collecting, analyzing, and distributing data about infections to those who can improve the outcomes.

Tuberculosis (TB) is a chronic infection caused by the bacterium *Mycobacterium tuberculosis*. It is transmitted by the inhalation or ingestion of infected droplets. It usually affects the lungs, but may infect other organs. Early signs of pulmonary TB include fatigue, vague chest pain, pleurisy with fever, pain, difficult breathing and cough, loss of appetite, and weight loss. As the disease progresses, night sweats, coughing up blood, purulent sputum, and shortness of breath develop.

PPD (purified protein derivative) Skin Test is used to screen and diagnose TB infection. A small amount of tuberculin, a protein extract of *Mycobacterium*, is injected under the top layer of skin on the forearm. If the person was previously infected with *Mycobacterium*, the person's immune system recognizes the tuberculin and reacts with an immune response. An area of hardened, irritated skin at the PPD site will appear.

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- A. The ICP is managed by the designated infection control nurse (ICN) in each Home.
- B. Annual tuberculosis (TB) screening with the PPD skin test or questionnaire; see 08.02 Tuberculosis Screening.
- C. Immunizations (vaccines)
 - 1. Residents provide an immunization history at time of admission to the Home.
 - a. Resident who is not current for influenza, pneumovax, and diphtheria/tetanus immunizations is offered these at the time of admission.
 - b. Resident re-immunization is offered:
 - 1) Annually for seasonal influenza.
 - 2) At least five (5) years after initial immunization for pneumococcal pneumonia (pneumovax), if the initial vaccine is given before age 65.
 - 3) Every ten (10) years for tetanus, diphtheria, (and pertussis).
 - 2. The immune status of the Home residents is reviewed each year to determine if vaccines are up to date.
 - 3. To vaccinate resident:
 - a. Obtain physician order.
 - b. Offer current Vaccine Information Sheet.
 - c. Obtain consent.
 - d. Screen resident's health history for contraindications and allergies.
 - e. Administer vaccine according to manufacturer's instructions.
 - f. Observe resident for possible signs of adverse reaction.
 - g. Record vaccine administration in resident file, including:
 - 1) Name of vaccine
 - 2) Lot number of vaccine
 - 3) Date and time
 - 4) Injection site
 - 5) Signature of person administering vaccine
 - 4. Annual seasonal influenza (flu) vaccines are provided for AKPH residents and staff; see 08.04 Seasonal Flu.
 - 5. Hepatitis B series of three (3) vaccines, given over a 6-month period, is offered to certain employees whose job duties expose those employees to blood and/or body fluids.
 - a. Employees include nurses, housekeepers, and maintenance workers.

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- b. A Hepatitis B titer may be drawn six weeks after the third Hepatitis B vaccine to check the antibody level and assure immunity has been established.
 - 1) Re-vaccination may be indicated if the series did not provide adequate immunity.
- 6. Other vaccines that may be ordered for the AKPH residents by the physicians or nurse practitioners:
 - a. Tdap vaccine provides immunity to tetanus, diphtheria, and pertussis, and is administered every ten years.
 - b. Pneumococcal vaccine provides immunity to 23 forms of pneumonia and is recommended for persons over 65 years old.
 - 1) Residents who received the pneumococcal vaccine before age 65 years should receive another dose of the vaccine at age 65 years or later, if at least 5 years have passed since their previous dose.
 - 2) Residents who receive the vaccine at or after age 65 years should receive only a single dose.
 - c. Shingles (Herpes Zoster) vaccine provides immunity to a painful localized skin rash that is caused by the varicella zoster virus, the same virus that causes chicken pox.
 - 1) A resident who has had chicken pox can develop shingles because the virus remains in the nerve cells of the body after the chicken pox infection clears.
 - 2) The shingles vaccine is recommended to reduce the risk of shingles in people 60 years and older.
- D. Standard Precautions are followed; see 08.01 Standard Precautions.
- E. Education for staff
 - 1. Infection control education and training is provided at time of hire and at least annually, to include:
 - a. Hand washing.
 - b. Prevention of infection.
 - c. TB screening.
 - d. Blood borne pathogen exposure control.
 - e. Safe use of sharps and sharps containers.
 - 2. Employee education records are kept.
- F. Email list serve groups are available for communication and exchange of ideas with infection control nurses and education nurses in the Pioneer Homes.

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G. Monthly meetings are held on the second Tuesday of the month with the risk managers from each of the six Homes.

H. Infection surveillance

1. Outbreaks of infection are determined by the infection control nurse and reported to the appropriate public health contact.
 - a. Methods of reporting include:
 - 1) Rapid Telephonic Reporting (RTR) 24 hours a day, 365 days a year, @ 561-4234 in Anchorage, 1-800-478-1700 outside Anchorage.
 - 2) Fax @ 1-907-561-4239.
 - 3) Phone @ 1-907-269-8000 during business hours, and 1-800-478-0084 during non-business hours.
 - 4) Mail to Section of Epidemiology, PO Box 240249, Anchorage, AK 99524-0249.
2. Staff assistance with resident specific infection control situations is provided, such as additional precautions needed or potential outbreaks of infection.

HISTORY OF REVISIONS

New: 1/1/12

Revised: 2/28/12; 7/20/12

Reviewed: 2/28/12

ATTACHMENTS

Public Health Emergencies

REFERENCES