11/04/2015 HS05

**Area:** Health Services

**Subject:** HS05 - Hygiene

**Reference:** 1304.22 (e)(1-7), 1304.22 (e)(3-4), Federal OSHA Standard of 1993, Current

Public Health Guidelines

**Policy:** To limit the risk of exposure to blood borne pathogens and reduce the chances

of spreading infectious and contagious disease, Grantee and Delegate Agencies will follow Universal Precautions promoting safe hygiene, sanitation and

disinfection practices.

#### **Procedure:**

#### 1. <u>Universal Precautions</u>

Universal precautions and handwashing posters will be posted near handwashing areas. Staff and volunteers will follow universal precautions as stated.

#### 2. Hand Washing

Hand washing is the single most effective means for preventing the spread of infection, and is a primary infection control procedure. Universal precautions and handwashing posters will be posted near handwashing areas. Staff and volunteers will follow universal precautions as stated. Good hand-washing techniques include washing hands with liquid soap and running water for at least 15-30 seconds, with particular attention paid to the areas between the fingers, under nails, and under rings. Hands must be rinsed and <u>dried thoroughly</u> to avoid chapping and breaks in the skin. Intact skin is the first line of defense against infection.

Staff, providers, volunteers, and children shall wash their hands with soap and running water at least during the following times:

- a. After diapering or toilet use.
- b. Before food preparation, handling, consumption, or any other food-related activity (e.g., setting the table).
- c. Whenever hands are contaminated with blood or other bodily fluids.
- d. After handling pets or other animals.
- e. Returning from outdoors.

Staff and volunteers also wash their hands with soap and running water:

- a. Before and after giving medications.
- b. Before and after treating or bandaging a wound (nonporous non-latex gloves should be worn if there is contact with blood or blood-containing body fluids).
- c. After assisting a child with toilet use.
- d. Before the start of group health checks, after contact with a child identified as ill and sent home, and after health checks are completed for the group.
- e. Before the start of group tooth brushing and after tooth brushing is completed for the group or as needed for individually assisting children.
- f. After assisting a child with cleaning bodily fluids such as nose drainage, nasal discharge, sneezing, etc.

#### The use of Hand Sanitizers on children 3-5 years of age only:

a. All hand sanitizers must be **kept out of children's reach and used only when supervised by an adult to prevent ingestion**.

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- b. Use only if soap and water are not immediately available
- c. Use only if hands are not visibly dirty
- d. Use small amount (enough for child's palm of the hands to become wet)
- e. Watch child rub hands together until completely dry
- f. Use only non-scented hand sanitizer
- g. Discard and replace any expired hand sanitizer.

## 3. The Use of Non-porous Gloves

Non-latex gloves must be worn when there is a chance of exposure to blood or body fluids. Disposable gloves <u>must not be reused</u> and must be discarded after each use in a covered, plastic-lined receptacle. Hands must be washed after gloves are used.

### 4. Use of Disinfectants

Spills of bodily fluids (e.g., urine, feces, blood, saliva, nasal discharge, eye discharge or any fluid discharge) are cleaned and disinfected immediately in keeping with professionally established guidelines (e.g., standards of the Occupational Safety Health Administration, U.S. Department of Labor). Any tools and equipment used to clean spills of bodily fluids are cleaned and disinfected immediately. Other blood-contaminated materials are disposed of in a plastic bag with a secure tie. The decontaminant used can be 10% solution of Clorox (prepared daily) or a commercial antimicrobial disinfectant approved by the Environmental Protection Agency (EPA) (i.e., Oxifir).

## 5. Diapering

The program adopts sanitation and hygiene procedures for diapering that adequately protect the health and safety of children served by the program and staff. Centers and FCCH's are to post Diapering Guidance in designated diapering area. Potties that are utilized in a center-based program are emptied into the toilet and cleaned and disinfected after each use in a utility sink used only for this purpose.

## 6. Trash Disposal

Gloves, bandages, and other materials contaminated with blood or potentially infectious materials, shall be disposed of in a covered receptacle that is lined with a removable plastic bag. Contaminated materials are to be tied in a plastic bag to eliminate contamination/infection.

# 7. The Modification of Cardiopulmonary Resuscitation

First-aid and CPR procedures that minimize contact with the injured person's blood will be utilized (e.g.: use of disposable gloves, bandages, and other protective barriers).

- 8. The program, when operating programs for infants and toddlers, spaces cribs and cots at least three feet apart to avoid spreading contagious illness and to allow for easy access to each child.
- 9. When an employee provider or volunteer has come into contact with human blood and any other potentially infectious materials, he or she must notify and/or or their immediate supervisor and/or Grantee contact.
- 10. Grantee/Delegates are to follow their agencies' written protocol for exposure for follow-up medical evaluation.
- 11. The program ensures that staff properly conducts these procedures through annual training by Grantee and self-monitoring practices. Training records are maintained.

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Supervised by: Director of Health Services, Health Services Supervisor, Delegate Health

Manager

**Performed by:** Grantee delegate Health Staff, Center Staff/FCCH Providers

Forms needed: Training Plan, Agendas, Sign-ins, Evaluations, Diaper Chart, Hand

Washing Charts, Health and Safety Checklist

**Frequency:** Throughout Program Year

10/8/2012