Section 18: Infection Control
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Infection Control Plan
C.2.40.001

PURPOSE
To delineate an infection control plan to meet the following goals:

1. Establish the mechanism by which the organization will address surveillance, prevention, identification, control and reporting of infections, utilizing current scientific methods and epidemiologic principles
2. Guide organization personnel in the care and services they provide in relation to infection control practices
3. Educate organization personnel, patients and family/caregivers, and others in the prevention and control of infections
4. Provide for surveillance systems to track the occurrence and transmission of infections
5. Comply with all applicable local, state, and federal regulations, including, but not limited to:
   A. State and federal OSHA mandates
   B. Center for Disease Control recommendations and guidelines

POLICY
The Denver Hospice is committed to reducing the risk of acquisition and transmission of health care associated infections (HAIs). Recognized prevention and control mechanisms will be implemented for planning, surveillance, identification, prevention/controls, and reporting procedures. To determine the effectiveness of the infection control plan, The Denver Hospice will measure, assess, improve, and redesign (as appropriate) the surveillance, identification, prevention, and control function annually through its performance improvement program

PROCEDURE
1. The Denver Hospice will educate all personnel on infection control policies, procedures, and their responsibilities for implementation as contained throughout this section. New personnel will receive a copy of the standard precautions (see “Standard Precautions”, “Bloodborne Pathogens and Hepatitis B Exposure Control Plan” and “Tuberculosis Exposure Control Plan”) in their orientation packets.
2. Personnel will be provided training on the basics of transmission of pathogens to patients and personnel, bloodborne diseases, the use of standard precautions, infectious waste management, and other infection control procedures when their work activities, as indicated, may result in an exposure to blood, other potentially infectious materials, or under circumstances in which differentiation between body fluid types is difficult or impossible.
3. Infection control inservices will be scheduled no less than annually.
   A. Education may be obtained through e-learning modules or classroom.
   B. Records of inservice attendance will be maintained in the employees education file.
4. The Infection Control Committee will be used to help to identify risks for the acquisition and transmission of infectious agents on an ongoing basis.
5. The infection control plan will be monitored and evaluated by the Education Manager for performance improvement activities.
   A. Success or failure of interventions for preventing and controlling infection will be addressed.
   B. Evolution of relevant infection control and prevention guidelines based on evidence and/or expert consensus will be considered.

6. The Education Manager will be responsible for managing and coordinating infection control activities and reporting of infection control activities to the Compliance Committee and other appropriate authorities. The Education Manager will maintain qualifications for infection control responsibility through ongoing education and training.

Created: 3/92 Revised: 1/94, 4/94, 6/96, 5/05, 7/10
Standard Precautions  
C.2.46.001

PURPOSE  
To reduce the risk of exposure to and transmission of infections when caring for patients.

POLICY  
The Denver Hospice personnel will adhere to the following precautions and will instruct patients and family/caregivers in infection control precautions, as appropriate to the patient’s care needs.

Note: Patients may be given a copy of this procedure, if needed as a teaching tool.

Note: The Denver Hospice has the right to limit the practice of organization personnel, if patient safety is in question.

DEFINITION  
Under standard precautions, blood and certain body fluids of all patients are considered potentially infectious for bloodborne pathogens, such as human immunodeficiency virus (HIV), and hepatitis B virus (HBV). Standard precautions will be used for all patients, regardless of their diagnosis or presumed infection status. Standard precautions apply to blood and other body fluids potentially containing blood or bloodborne pathogens. These body fluids include: emesis, sputum, feces, urine, semen, vaginal secretions, cerebrospinal fluid (CSF), synovial fluid, pleural fluid, pericardial fluid, and amniotic fluid. Standard precautions should be used with other fluids, such as nasal secretions, saliva, sweat, and tears when they contain visible blood or other potentially infectious materials and it is impossible to differentiate between body fluids.

PROCEDURE  
GENERAL PRECAUTIONS  
HAND HYGIENE  
1. Hand hygiene will be performed to prevent cross-contamination between the patient and personnel. (Also See Policy C.2.48.1 – Hand Hygiene)
2. When hands are visibly dirty, contaminated with proteinaceous material, or are visibly soiled with blood or other body fluids, wash hands with either a non-antimicrobial or antimicrobial soap and water.
3. When hands are not visibly soiled and you have not been in contact with body fluids, use an alcohol-based hand rub for routinely decontaminating hands.
4. An alternative to use of an alcohol based hand rub is to wash hands with an antimicrobial soap and water.

PERSONAL PROTECTIVE EQUIPMENT  
(Also See Policy C.2.47.1 – Personal Protective Equipment)
1. Gloves:
   A. The use of gloves (intact latex or vinyl of appropriate size and quality) is important when personnel has cuts, abraded skin, chapped hands, dermatitis, etc. Gloves are to be worn when though not limited to:
1. There is actual or potential contact with blood or other potentially infectious materials
2. Contact with non-intact or abraded skin is anticipated
3. Touching contaminated items or surfaces
4. Performing invasive procedures
5. Handling any drainage appliance
6. Taking a rectal temperature
7. Shaving a patient with a safety razor
8. Obtaining laboratory specimens
9. When giving IM, Sub Q or Intradermal Injections
10. Patients have active bleeding
11. Cleaning of body fluids and decontamination procedures
12. Performing wound care
13. Entering the room of, or providing care for, patients who are colonized or infected with vancomycin-resistant enterococci (VRE) or multidrug-resistant Staphylococcus aureas (MRSA)
14. Handling soiled linen

B. Sterile gloves are to be worn for sterile procedures.
C. Gloves are to be changed:
   1. Between tasks and procedures on the same patient
   2. During changing or cleaning an incontinent patient
   3. After removing an old dressing
   4. When the integrity of the glove is in doubt
D. Gloves should never be washed or disinfected for reuse.
E. General purpose utility gloves (e.g., rubber household gloves) will be used for housekeeping chores involving potential blood contact and for instrument cleaning and decontamination procedures. Utility gloves should be discarded if they are peeling, cracked, or discolored, or if they have punctures, tears, or other evidence of deterioration.
F. Gloves are not necessarily needed for general care or during casual contact, such as bathing of intact skin or assisting with ambulation.

2. Gowns:
   A. The use of gowns is required when splashes to the skin and/or clothing are likely or when caring for patients with epidemiologically important microorganisms, such as multi-drug resistant organisms.
   B. The gowns will be made of or lined with fluid-proof or fluid-resistant material and will protect all areas of exposed skin. The type and characteristics will depend on the task and degree of exposure anticipated.

3. Mask/Protective Eyewear:
   A. Masks, protective eye wear, or face shields are required when contamination of mucosal membranes, eyes, mouth, or nose is possible, such as splashes or aerosolization of material.
   B. They are not required for routine care.

4. Resuscitation Equipment:
   A. One (1)-way valve pocket mask will be provided to personnel where the need for emergency mouth-to-mouth resuscitation might be required.

SHARPS
1. After use, needles and other sharps will be placed directly into a puncture-proof container located in the immediate patient care area. Needles must not be recapped, bent, broken, or clipped.
2. Whenever possible, needleless protective devices will be utilized in the provision of patient care. The Best Nurse Practices Committee will be involved in the selection of these products.

3. The biohazard sharps container or puncture-proof container will be replaced when it is three-fourths filled to prevent injury. Nursing staff is responsible to remove and replace sharps containers as necessary.
   
   A. HOMECARE: If a red biohazard sharps container is used, the container should be securely closed and placed in a clean plastic bag. The sharps container may be thrown in the regular household trash or taken to an THE DENVER HOSPICE Care Center or the main office for disposal with other sharps/biohazardous waste. If a puncture proof/resistant container, such as a bleach bottle, is used in the home, the containers should be securely closed (consider duct taping) and discarded with the regular household trash.
   
   B. INPATIENT SETTINGS: Nursing staff will be responsible for closing and replacing filled sharps containers. Filled sharps containers will be placed in the designated location for biohazardous waste pickup and disposal.

LABORATORY SPECIMENS
1. Laboratory specimens should be transported in a Ziplock bag or other leak-proof container and away from clean space.
2. The leak-proof container should be transported to the office or alternate lab site in a puncture-resistant container that is properly labeled.

LABELS
1. Biohazard labels will be used to prevent accidental injury or illness to personnel exposed to hazardous or potentially hazardous conditions that are out of the ordinary, unexpected, or not readily apparent.
2. Labels will state—BIOHAZARD—or the hazard symbol, readable at the minimum distance of five (5) feet.
3. Labels will be affixed as close as possible to respective hazards.
4. Labels will be used to identify equipment, containers, refrigerators, and rooms containing hazardous agents.
5. If labels are not used, other effective means will be used, such as RED bagging.

HOUSEKEEPING AND HYGIENE
1. Housekeeping procedures at The Denver Hospice’s location (administration building and the Inpatient Care Center) will be implemented to ensure that the worksite is maintained in a clean and sanitary condition. The following guidelines will be implemented at The Denver Hospice’s office. These same guidelines will be implemented and taught to patients and family/caregivers. The Denver Hospice recognizes that patients have a right to refuse to follow these guidelines.
   
   A. The Denver Hospice will ensure that the worksite is maintained in a clean and sanitary condition. All equipment, environmental and working surfaces shall be cleaned and decontaminated after contact with blood or other potentially infectious materials.
   
   B. An appropriate disinfectant (e.g., household bleach 5.25% mixed 1:10 with water) should be used to clean floors, toilet bowl, tub, shower, sink, countertops, and soiled furniture. This solution will be discarded after each use, or at least every 24 hours.
   
   C. Sponge and mops used to clean up body fluid spills should not be rinsed out in the kitchen sink or used where food is prepared.
   
   D. Dirty mop water should be poured down the toilet, rather than the sink.
   
   E. Rooms will be kept well aired to decrease the risk of colds, flu and other airborne communicable disease.
   
   F. Infectious organisms may be found in animal wastes, birdcages, cat litter boxes, and fish tanks. They should be maintained by someone other than a person with HIV disease or other causes of immunosuppression.
   
   G. Humidifiers and air conditioners can harbor infectious organisms, and should be cleaned and serviced regularly.
H. All bins, pails, cans (e.g., waste cans) intended for reuse which have a reasonable likelihood for becoming contaminated with blood and other potentially infectious materials, will be inspected and decontaminated weekly. They will also be cleaned and decontaminated immediately, or as soon as feasible, upon visible contamination.

2. Blood/Body Fluid Spills
   A. Blood/body fluid spills should be mopped or wiped up using disposable towels or wipes with hot soapy water, then disinfected with bleach as described in 1B. If the cleanup is done by hand, disposable gloves must be worn.
   B. Disposable towels or wipes used in the cleanup should be bagged to prevent leaking and exposure to others. A heavy-duty plastic bag should be used for bagging this type of waste with double bagging.

3. Hygiene
   A. Personal items, such as toothbrushes, razors, and enema equipment, should never be shared.
   B. Maintaining a state of personal cleanliness is the key to reducing infection transmission from person to person. This includes bathing regularly, washing hands after use of bathroom facilities, after contact with one's own body fluids, and before preparing food.

WASTE DISPOSAL
1. General Waste:
   C. Materials not contaminated or visible soiled with blood or other infectious waste, such as diapers, incontinence pads, non-soiled PPE, dressing wrappers, or IV tubing not used for blood administration.
   A. General waste should be disposed of in a securely fastened plastic bag and can be placed into the patient’s trash receptacle.

2. Regulated Medical Waste:
   A. According to OSHA guidelines, these may include:
      1. Liquid or semi-liquid blood or other potentially infectious material
      2. Contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed
      3. Items that are caked with blood or other potentially infectious materials and are capable of releasing these materials during handling
      4. Pathological and microbiological wastes containing blood or other potentially infectious material
   B. Place regulated medical waste into a leak-proof, heavy duty, securely fastened plastic bag. Items should be double bagged when the potential for contamination of the outside of the first bag is present. Items should also be double bagged when the first bag may be at risk for tearing. If at home, regulated medical waste may be placed in trash for pick up if double bagged.

3. Syringe/Sharps Disposal:
   A. In the home setting, a sharps disposal container will be available for use by the clinician or patient and family/caregiver. If a red biohazard sharps container is used, when ¾ full, the container should be securely closed and placed in a plastic bag. The biohazard sharps container should be taken back to The Denver Hospice Care Center or the main office for disposal with other sharps/biohazard wastes.
   B. If a puncture resistant container is used in the home such as a bleach bottle for sharp disposal, when ¾ full the container should be securely closed (consider duct taping) and discarded with regular household trash.
C. At the In-patient Care Center, nursing staff will be responsible for closing and replacing ¾ filled sharp containers. The used sharp containers will be placed in the designated location for biohazardous waste pickup and removal.

LAUNDRY

1. Handling and Changing of Linens:

   A. Contaminated laundry should be handled as little as possible with minimal agitation.
   B. Towels and washcloths should not be shared by different users.
   C. Gloves and other appropriate personal protective equipment are to be worn when handling soiled linen.
   D. Soiled clothing and linens should be soaked as promptly as possible. Ideally, they should be machine washed in hot (160° F) soapy water. If appropriate, (e.g., colorfast material), a cup of bleach may be added to the water. If low temperature (less than 150° F) laundry cycles are used, chemicals suitable for low-temperature washing at proper use concentration should be used.
   E. When contaminated laundry is wet and likely to soak through or leak from the bag to the container, the laundry should be transported in containers or bags that prevent leakage to the exterior.
   F. Laundry and linens should be carried away from the body.

EQUIPMENT/NONDISPOSABLE INSTRUMENTS

1. Bedpans/Urinals/Commodes:

   A. Bedpans and urinals should be used by only one (1) patient and should be cleaned on a regular basis with household detergent.
   B. Shared commodes do not require special precautions unless blood, contaminated body substance, or fluid is present. If soiled, the commode should be cleaned with a 1:10 dilution of bleach.

2. Thermometers:

   A. Thermometers are not supplied by The Denver Hospice, but may be owned by patients.
   B. Electronic thermometers with disposable sheaths need no special precautions unless they become visibly soiled. When thermometers are soiled, they should be wiped with a disinfectant solution.
   C. Glass thermometers used in the home should be rinsed with soap and water before and after use. If the thermometer will be used by more than one (1) family/caregiver member, it should be soaked in 70–90% ethyl alcohol for 30 minutes followed by a rinse under a stream of water in between users.

3. Medical Equipment/Supplies:

   A. Any nondisposable equipment returned to organization stock will be placed in the dirty supply area and then thoroughly wiped down with an organization-approved disinfectant. After proper cleaning, the equipment may be returned to stock for patient use.
   B. In the event a nondisposable piece of equipment comes in contact with blood or body fluids, a 1:10 dilution of bleach or other organization-approved disinfectant is used to clean it. Soiled blood pressure cuffs will be washed in hot, soapy water.
   C. Dressing supplies contaminated with the patient’s blood or body fluids should be double bagged in plastic bags, tied securely, and labeled “contaminated” then placed with household trash for garbage pickup (according to local and state regulations).

KITCHEN/FOOD PREPARATION

1. Hand washing: Proper hand washing techniques should be observed prior to touching food.
2. General hygiene: “Tasting” of food during cooking should be done with a new, clean spoon each time. Wash the spoon with soap and water immediately after “tasting.”

3. Cleaning of kitchen: Counters, sinks, and floors in the kitchen should be free from food particles and cleaned with a disinfectant regularly.

4. Refrigerator: The interior of the refrigerator should be cleaned with soap and warm water regularly to control molds.

5. Food freshness: Observe expiration dates and general freshness of food. Do not use cracked eggs due to the likelihood of Salmonella contamination.

6. Food storage: Store open packages of food (e.g., sugar) in covered containers to discourage infestation.

7. Food preparation: Pork, poultry, and eggs should be thoroughly cooked before eating. Porous (e.g., wood) cutting boards used for poultry should not also be used for fruits and vegetables.

8. Dishes/utensils: Wash dishes and utensils in hot soapy water. The water should be hot enough to require the use of lined gloves. Allow dishes to air dry. Known infected persons do not need separate dishes or utensils provided they are washed as described.

9. Sponges: Sponges used to clean in the kitchen should not be the same sponges used to clean bathrooms and body fluid spills. Sponges used to clean bathrooms and body fluid spills should be disinfected with bleach and changed periodically.

SPECIAL CONSIDERATIONS FOR A PERSON WITH IMMUNOSUPPRESSION

1. Unpasteurized milk, raw eggs, or products containing raw eggs or cracked or non-intact eggs should be avoided. They have been associated with Salmonella infections and may be problematic, especially for the person with HIV disease or other immune-suppressed diseases.

2. All fresh produce should be washed thoroughly.

OTHER CONSIDERATIONS

1. Eating, drinking, smoking, applying makeup or lip balm, or handling contact lenses should be avoided in work areas where there is a reasonable chance of exposure.

2. Sterile technique will be employed for sterile dressing changes, IV insertion, IV site care, phlebotomy, tracheal suctioning, insertion of a urinary catheter, and whenever appropriate to prevent infection.

3. Disinfectants:
   HIV is inactivated rapidly after being exposed to chemical germicides. HIV can be inactivated after exposure for ten (10) minutes to any of the following:
   A. Chlorine bleach (1:10 dilution)
   B. Alcohol (70–95%)
   C. Quaternary Ammonium (TRI-GUAT)
   D. Phenolic (Vesphene II)
Standard Precautions Information For Personnel
Original: 6/96, Revised 5/05, 9/30/10

ADDENDUM TO POLICY C.2.46.1 – STANDARD PRECAUTIONS:
STANDARD PRECAUTIONS INFORMATION FOR PERSONNEL

All personnel should be made aware of the following housekeeping requirements of the OSHA standard on bloodborne pathogens:

1. Decontamination of Surfaces
   [ ] Immediately after completion of procedures.
   [ ] Immediately after end of work shifts.
   [ ] Immediately after becoming overtly contaminated with blood or other potentially infectious materials.

2. Protective Covering of Equipment and Environmental Surfaces
   [ ] Protective covering (plastic wrap, aluminum foil, imperviously-backed absorbent paper).
   [ ] Remove and replace at end of work shift.
   [ ] Replace when overtly contaminated with blood or other potentially infectious materials.

3. Decontamination of Equipment
   [ ] Routinely check for contamination.
   [ ] Decontaminate when contaminated with blood or other potentially infectious materials.
   [ ] Decontaminate prior to servicing or shipping.

4. Decontamination of Receptacles
   [ ] Inspect, clean, and disinfect on a regularly scheduled basis any reusable bins, pails, cans and similar receptacles which have a potential of becoming contaminated.
   [ ] Clean and decontaminate immediately, or as soon as possible, when visibly contaminated.

5. Clean Up
   [ ] Do not use hands to pick up broken glassware, which may be contaminated.
   [ ] Use mechanical means (brush and dustpan, tongs, or forceps) to pick up potentially contaminated broken glassware.

6. Handling of Specimens
   [ ] Place in a closeable, leakproof container prior to storage or transport.
   [ ] Color-code or label specimens according to OSHA standard on bloodborne pathogens.
   [ ] If it is likely that the primary container will be contaminated, place a second leakproof container over first container.
   [ ] If it is likely that the primary container will be punctured, place primary container in a leakproof, puncture-resistant secondary container.
   [ ] Color-code or label second container in same manner as primary container.

7. Reusable Items
   [ ] Decontaminate prior to washing or reprocessing if contaminated with blood or other potentially infectious materials.

8. Handling of Infectious Waste
   [ ] Place in closeable, leakproof containers or bags prior to disposal.
   [ ] Color-code or label containers or bags according to the OSHA standard.
   [ ] If it is likely outside contamination of the primary container or bag will occur.
   [ ] Close and color-code or label the secondary container or bag in same manner as primary container.
   [ ] Observe all federal, state, and local laws when disposing of infectious waste.
   [ ] Dispose of sharps immediately after use.
   [ ] Dispose of sharps in a closeable, puncture-resistant, disposable container that is leakproof on sides and bottom.
   [ ] Make sharps disposal containers easily accessible in immediate area of sharps use. Routinely replace sharps disposal containers.
   [ ] Do not allow sharps disposal container to overfill.

9. Handling of Laundry
   [ ] Treat laundry that is contaminated with blood or other potentially infectious materials as if contaminated.
   [ ] Handle such laundry as little as possible and minimize agitation of laundry.
   [ ] Bag contaminated laundry at area of use.
   [ ] Do not sort or rinse contaminated laundry in patient areas.
   [ ] Label or color-code bags in which contaminated laundry is placed and transported.
   [ ] Place and transport contaminated laundry in a leakproof bag if it is wet or presents a potential for soak-through or leakage from the bag.
   [ ] Ensure that laundry workers wear protective clothing and other personal protective equipment to prevent occupational exposure during handling and sorting of laundry.
PURPOSE
To outline the necessary precautions to prevent transmission of infectious diseases.

POLICY
In addition to standard precautions, those involved in patient contact will follow strict specifications when caring for patients with infectious diseases.

GUIDELINES AS RECOMMENDED BY THE CENTERS OF DISEASE CONTROL

Airborne Precautions
1. Airborne precautions are designed to prevent transmission of infectious diseases primarily over short distances through airborne droplet nuclei.
2. Diseases which require airborne precautions are (but not limited to):
   A. Measles
   B. Varicella (including disseminated zoster)
   C. Tuberculosis (active pulmonary or laryngeal)
   D. Smallpox
   E. SARS
3. Specifications for Airborne Precautions:
   A. Keep patient in one (1) room of the home as much as possible, unless other members of the household are immune (e.g., measles or chickenpox).
   B. Wear surgical masks while in the room.
   C. When a patient comes out of the room, he/she should wear a surgical mask.
   D. Gloves are indicated for contact with respiratory secretions.
   E. Hands must be washed after touching the patient or potentially contaminated articles.
   F. Articles, including linen, should be thoroughly cleaned, disinfected, or discarded.
   G. Do not use fans in the patient’s room.
   H. Pregnant personnel susceptible to Measles, Smallpox and Varicella should not take care of patients with Measles, Smallpox and Varicella.

Droplet Precautions
1. Droplet precautions are used for patients with known or suspected serious illnesses transmitted by large particle droplets.
2. Diseases which require droplet precautions are:
   A. *Hemophilus Influenza* type B disease including meningitis, pneumonia, epiglottitis, and sepsis
   B. *Neisseria Meningitidis* disease, including meningitis, pneumonia, and sepsis
   C. *Diptheria* (pharyngeal)
   D. *Mycoplasma* pneumonia
   E. *Pertussis*
   F. *Pneumonic* plague
   G. *Staphylococcal* (group A) pharyngitis, pneumonia, or scarlet fever in infants and young children
   H. Serious viral infections spread by droplet transmission
      1. Adenovirus
      2. Influenza
      3. Mumps
4. Parvovirus B19
5. Rubella

3. Specifications for droplet precautions:
   A. Place patient in a room away from susceptible individuals.
   B. Surgical masks are to be worn when working within three (3) feet of the patient when he/she is coughing and does not reliably cover mouth, and until sputum smear is negative on culture.
   C. Instruct patient to cover his/her mouth and nose when coughing or sneezing.
   D. Patients should not share personal items such as drinking cups.
   E. Do not use fans in the patient’s room.
   F. Hands must be washed after touching the patient or potentially contaminated articles.
   G. Pregnant personnel susceptible to Rubella should not take care of patients with Rubella.

Contact Precautions
1. Contact precautions are used for patients with known or suspected serious illnesses easily transmitted by direct patient contact or by contact with items in the patient’s environment.
2. Diseases which require contact precautions are:
   A. Gastrointestinal, respiratory, skin, or wound infections or colonization with multidrug-resistant bacteria judged by the infection control program, based on current state, regional, or national recommendations, to be of special clinical and epidemiologic significance.
   B. Enteric infections with a low infectious dose or prolonged environmental survival, including:
      1. Clostridium difficile
      2. For diapered or incontinent patients, enterohemorrhagic Escherichia coli O157:H7, Shigella, hepatitis A or rotavirus
   C. Respiratory syncytial virus, parainfluenza virus, or enteroviral infections in infants and young children.
   D. Skin infections that are highly contagious or that may occur on dry skin, including:
      1. Diphtheria (cutaneous)
      2. Herpes simplex virus (neonatal or mucocutaneous)
      3. Impetigo
      4. Major (noncontained) abscesses, cellulitis, or decubiti
      5. Pediculosis
      6. Scabies
      7. Staphylococcal furunculosis in infants and young children
      8. Zoster (disseminated or in the immunocompromised host)
   E. Viral hemorrhagic conjunctivitis
   F. Viral hemorrhagic infections (Ebola, Lassa, Marburg)
3. Specifications for Contact Precautions:
   A. Minimize the number of staff members assigned to the patient.
   B. Make efforts to schedule the patient as the last visit of the day or, minimally, avoid scheduling surgical or open-wound patients after the infected patient.
   C. Leave the nursing bag in the car and take only a minimal number of required supplies into the home.
   D. Leave stethoscope and blood pressure cuffs in the home until precautions are discontinued. Upon removal from the home, the equipment must be decontaminated using approved disinfectants.
   E. Clean and disinfect contaminated patient care items, equipment, and surfaces on a daily basis.
   F. Linen and laundry require no special treatment.
G. Gloves should be worn by personnel when entering the room of a patient infected or colonized with multidrug-resistant microorganisms. Otherwise, gloves should be used with patient contact.

H. Gloves must be removed prior to leaving the patient's room, and hands should be washed immediately using an antimicrobial soap and water.

I. Personnel should wear a gown when caring for patients requiring contact precautions when:
   1. There is substantial contact with the patient, environmental surfaces, or items in the patient's room.
   2. The patient is incontinent, has diarrhea, an ileostomy, a colostomy, or uncontained wound drainage.
   3. The gown should not be worn outside the patient’s room and should not be removed until ready to leave the room, and should be discarded properly.

J. Certain infections require more than one (1) type of precaution. Please see Appendix A for specific instructions.
Hand Hygiene
C.2.48.001

PURPOSE
To prevent cross-contamination and health care associated infections (HAIs).

POLICY
Personnel providing care in the home setting will regularly wash their hands, per the most recently published CDC regulations and guidelines for hand hygiene in healthcare settings. When hands are visibly dirty, contaminated with proteinaceous material, or when in contact with blood or other body fluids, they should be washed with either a non-antimicrobial or antimicrobial soap and water.

When hands are not visibly soiled or in contact with body fluids, they should be washed using an alcohol-based hand rub for routinely decontaminating hands. An alternative to use of an alcohol based hand rub is to wash hands with an antimicrobial soap and water.

PROCEDURE
HAND DECONTAMINATION WITH AN ALCOHOL-BASED RUB
Equipment: Organization-approved, alcohol-based hand rub which conforms to CDC Guideline for Hand Hygiene.

1. Apply alcohol-based hand rub product to palm of one (1) hand and rub hands together, covering all surfaces of hands and fingers (including under nails) until hands are dry.

2. Hand decontamination using an alcohol-based hand rub should be performed:
   A. Before having direct contact with patients
   B. After contact with a patient’s intact skin (when taking a pulse, blood pressure or lifting a patient)
   C. After contact with body fluids or excretions, mucous membranes, non-intact skin, and wound dressings, if hand washing is not available.
   D. When moving from a contaminated body site to a clean body site during patient care.
   E. After contact with inanimate objects (including medical equipment) in the immediate vicinity of the patient.

3. At any time, personnel may choose to wash their hands with soap and running water in addition to using the alcohol-based hand rub, especially if personnel feel there is a “build-up” on the hands after repeated used of the alcohol-based hand rub.
HAND WASHING WITH SOAP AND WATER
Equipment: Paper towels and liquid soap; if water and liquid soap are not available, waterless hand washing products will be used. Use of bar soap is strongly discouraged and should only be used if there is no other soap available.

1. Wet hands and apply the soap, and rub hands together vigorously; avoid use of hot water because repeated exposure to hot water may increase risk of dermatitis.
2. Wash hands for at least 15 seconds covering all surfaces of the hands and fingers.
3. Rinse with warm water and dry the hands with a disposable towel from the fingers toward the forearm.
4. Use a dry disposable towel to turn off faucet.
5. Hand washing using soap and water should be performed:
   A. Before eating
   B. After using the restroom
   C. When hands are visibly dirty or contaminated
   D. Before and after removing gloves
   E. After contact with body fluids, excretions, mucous membranes, non-intact skin and wound dressings
   F. If exposure to Bacillus anthracis or Clostridium difficile is suspected or proven
Bag Technique
C.2.55.001

PURPOSE
To describe the procedure for maintaining a clean nursing bag and preventing cross-contamination.

POLICY
As part of the infection/exposure control plan, The Denver Hospice personnel will consistently implement principles to maximize efficient use of the patient’s care supply bag when used in caring for patients.

PROCEDURE
1. The bag may have the following contents:
   A. Hand washing equipment—alcohol based hand rub and skin cleanser, soap, and paper towels
   B. Assessment equipment (as appropriate to the level of care being provided)—thermometers, stethoscopes, a hem gauge to measure wounds, sphygmomanometer, and urine testing equipment
   C. Disposable supplies (as appropriate to the level of care being provided)—plastic thermometer covers (if applicable), sterile and non-sterile gloves, plastic aprons, dressings, adhesive tape, alcohol swabs, tongue blades, applicators, lubricant jelly, scissors, bandages, syringes and needles, vacutainer equipment for venipuncture, skin cleanser, paper towels, and a CPR mask
   D. Paper supplies (if applicable)—printed forms and materials necessary to teach patients and family/caregivers and document patient care
2. Personnel must regularly check the expiration date of any disposable supplies kept in the nursing bag. Expired supplies should be returned for disposal.
3. The bag will be cleaned as soon as feasible when it is grossly contaminated or dirty. Soap and water, alcohol, or another approved cleaning agent will be used.

Bag Technique
1. The bag will be placed on a clean surface (i.e., a surface that can be easily disinfected) in the car and in the home.
2. Prior to administering care, alcohol-based hand rub or soap and paper towels will be removed, and hands will be washed. These supplies will be left at the sink for hand washing at the end of the visit. Hand washing will always be completed before opening the bag.
3. After hand washing, the supplies and/or equipment needed for the visit will be removed from the bag.
4. The bag will contain a designated clean and dirty area. The clean area contains unused or cleaned supplies/equipment, and the dirty area is designated for contaminated materials (i.e., used equipment, etc.).

5. When the visit is completed, reusable equipment will be cleaned using alcohol, soap and water, or other appropriate solution, hands will be washed, and equipment and supplies will be returned to the bag.

6. Hands will be decontaminated prior to returning clean equipment to bag.

7. If paper towels/newspapers have been used as protective barrier for bag placement in the patient’s home, they will be discarded.

Reference Detail
CoP: 418.60
Accidental Exposure to Blood/Body Fluids  
C.2.54.001

PURPOSE
To outline the process and procedure for responding to accidental exposure to blood and body fluids.

POLICY
The employee/volunteer/student exposed to a patient’s blood/body fluids must notify his or her manager or the Manager On-Call of the exposure as soon as possible but NO LONGER THAN ONE (1) HOUR AFTER EXPOSURE.

Occupational exposures should be considered urgent medical concerns to ensure timely post-exposure management. The worker will be counseled, tested and treated according to the following procedure.

PROCEDURE
1. Explanation of Health Care Providers
   A. In the case of a Denver Hospice (TDH) employee exposure, the worker will be advised to seek evaluation, testing, counseling, and treatment from the Denver Hospice Employee Health Care Provider (EHCP).
   B. In the case of a TDH volunteer or student exposure, the worker will be advised to seek evaluation, testing, counseling, and treatment from the volunteer's or student’s personal physician or Health Care Provider (HCP).
      1. If the volunteer or student’s health care provider is not immediately available, the exposed worker may go to TDH's EHCP
      2. TDH's Medical Director will communicate with the worker's insurer as necessary.)

2. Situations for which TDH is not responsible
   A. Employees who fail to report exposure as per policy. (TDH may need to report "failure to report exposure" incidents to the Health Department.)
   B. Employees who fail to comply with Universal Precautions and other protective work-practice controls as per TDH policy and procedure.
   C. Employees who desire no evaluation, testing and/or follow-up and signs a release of liability (DECLINATION OF EVALUATION, COUNSELING, TESTING, AND TREATMENT FROM HEALTH CARE PROVIDER AFTER BLOODBORNE PATHOGEN EXPOSURE INCIDENT).
   D. Volunteers and students who choose not to follow the advice to follow up with their private physician or Health Care Provider.
3. **Immediate Action**  
   A. See Appendix A: Initial Exposure Protocol, below

4. **MEDICAL RECORD KEEPING**  
   A. Medical records for each worker with incident occupational exposure to blood and/or body fluids will be established and maintained by the Occupational Health Network.  
      1. The medical record will include:  
      2. Name and social security number  
      3. Copy of the worker’s Hepatitis B vaccination status (including the dates of all the hepatitis B vaccinations and any medical records related to the worker’s ability to receive vaccination.)  
      4. Copy of all results of examinations, medical testing, and follow-up procedures.  
      5. Employer’s copy of the healthcare professional’s written opinion.  
      6. Copy of the information provided to the healthcare professional (description of the exposed worker’s duties as they relate to the exposure incident, documentation of the routes of exposure and circumstances under which exposure occurred, and results of the source individual’s blood testing, if available.)  
   B. Worker’s medical record will be kept confidential and the record will not be disclosed or reported without the worker’s express written consent to any person within or outside the workplace except as required by this section (h)(1)(iii) or as may be required by law.  
   C. Worker’s medical records will be maintained for at least the duration of employment plus 30 years. (Refer to regulations for full details.)  
   D. As per earlier OSHA regulations, needle stick injuries will be included on the OSHA 200 Occupational Injury and Illness Log if medical treatment is prescribed and administered. In addition, HBV, HCV, and HIV will be recorded on the OSHA 200 Log if the illnesses can be traced back to an injury or other exposure incident.

**APPENDIX A - INITIAL EXPOSURE PROTOCOL**  
Exposure is a percutaneous needle stick or cut, mucous membrane exposure or exposure of worker’s skin that is chapped, abraded or non-intact with patient blood or body fluid.

1. Apply immediate first aid  
   A. Clean exposed area with soap and water  
   B. Flush mucous membranes with water only  
2. Notify Manager or Manager on-call WITHIN 1 HOUR

The Manager should counsel the employee to follow exposure protocol (evaluation, counseling, testing, and treatment). The Infection Control Manager or Medical Director may be consulted as needed.

1. Manager to determine patient status if worker is at risk for infection or other communicable disease. (If exposure is to an unknown or available source the employee should be tested for HBV antibody titer, HIV antibody, Anti-HCV antibody and ALT activity.)  
2. Contact HMD Employee Health Care Provider (EHCP). Goal is for worker to get treatment within 2 hours. Call treatment site to inform them of worker needs.
A. Worker may decline to follow recommended exposure protocol. Manager should explain risk of declining. If employee declines, a Declination of Evaluation, Counseling, Testing and Treatment document should be completed.

3. If incident occurs after hours notify worker’s Manager, Executive Director and Human Resources within first hour of next working day.

4. The exposed worker and the manager who received the notice of incident must Complete an Incident Report including (if known) source patient’s:
   A. Name and Diagnosis
   B. Primary physician’s name

5. Human Resources will:
   A. Monitor worker’s compliance with testing, treatment and follow-up
Appendix A

The Denver Hospice Infection Control

**Isolation Guidelines**
*(Based on CDC Recommendations, 2007)*

Note: Hand washing is necessary for all categories, even when gloves are used.

Key:
- **S** = Standard Precautions
- **A** = Airborne Precautions
- **C** = Contact Precautions
- **D** = Droplet Precautions
- ✓ = use as indicated
- * = use only when doing activity noted
- DI = duration of illness

<table>
<thead>
<tr>
<th>Infection / Condition</th>
<th>Type</th>
<th>Gloves</th>
<th>Gown</th>
<th>Mask</th>
<th>Eye Protection</th>
<th>Private Room</th>
<th>Infective Agent</th>
<th>Duration</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clostridium Difficile Toxin Diarrhea</td>
<td>C</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td>Yes. If not possible, may cohort with another C-Diff infected person.</td>
<td>Feces</td>
<td>DI</td>
<td></td>
<td>Discontinue antibiotics if appropriate. Do not share electronic thermometers; ensure consistent environmental cleaning and disinfection. Hypochlorite solutions may be required for</td>
</tr>
<tr>
<td>Infection / Condition</td>
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</tr>
<tr>
<td>Conjunctivitis</td>
<td>S</td>
<td>✓</td>
<td></td>
<td></td>
<td>No</td>
<td></td>
<td></td>
<td></td>
<td>cleaning if transmission continues. Hand washing with soap and water preferred because of absence of sporicidal activity of alcohol in waterless antiseptic hand rubs. Use dedicated equipment for infected pt. Post contact precautions on pts door if not in the home. Keep contact precaution cart in front of pts room in ICC.</td>
</tr>
<tr>
<td>Cytomegalovirus (CMV)</td>
<td>S</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>No additional precautions for pregnant HCWs</td>
</tr>
<tr>
<td>Wounds/Pressure Ulcers</td>
<td>S +C</td>
<td>✓</td>
<td></td>
<td></td>
<td>If contact with drainage</td>
<td>Yes, if drainage not contained by dressing</td>
<td>Pus and drainage</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Infected with organisms other than Multi-drug Resistant (MDR) organisms</td>
<td>S +C</td>
<td>✓</td>
<td></td>
<td></td>
<td>* When irrigating wound</td>
<td>*When irrigating wound</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Infection / Condition</td>
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<tr>
<td>(MRSA, VRE) Major Drainage not contained (draining through dressing in &lt; 4 hrs)</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Minor drainage Dressing covers and contains drainage</td>
<td>S</td>
<td>✓</td>
<td></td>
<td></td>
<td>✓ When irrigating wound</td>
<td>Pus and drainage</td>
<td></td>
<td>DI</td>
<td></td>
</tr>
<tr>
<td>Diarrhea Salmonella Cryptosporidium Shigella</td>
<td>S + C</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>DI</td>
<td>Pt. needs own commode Use Contact Precautions for diapered or incontinent persons for the DI or to control institutional outbreaks.</td>
</tr>
<tr>
<td>Hepatitis A</td>
<td>S + C</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>First 2 wks of illness</td>
<td>Isolation should not last more than 1 wk after onset of jaundice Provide hepatitis A vaccine post-exposure as recommended. Maintain Contact Precautions in infants &amp; children &lt;3yrs for duration of hospitalization; for</td>
</tr>
<tr>
<td>Infection / Condition</td>
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<td>children 3-14yrs for 2 weeks after onset of symptoms; &gt;14yrs for 1 week after onset of symptoms.</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>Post-exposure chemoprophylaxis for some blood exposures.</td>
</tr>
<tr>
<td><strong>Hepatitis B, C, D</strong></td>
<td>S</td>
<td>✓</td>
<td></td>
<td></td>
<td>No</td>
<td>Blood &amp; body fluids</td>
<td>Ongoing</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>HIV (Human Immunodeficiency Virus)</strong></td>
<td>S</td>
<td>✓</td>
<td></td>
<td></td>
<td>No</td>
<td>Blood &amp; body fluids</td>
<td>Ongoing</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Herpes Simplex (fever blisters, cold sores, genital herpes)</strong></td>
<td>S + C</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td>No</td>
<td>Secretions from lesions</td>
<td>Until lesions crusted</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Herpes Zoster (Shingles, Chicken Pox) Localized or disseminated in immunocompromised patient</strong></td>
<td>A + C</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>Yes</td>
<td>Secretions from lesions</td>
<td>DI (7 days after lesions are crusted)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Restrict staff/volunteers who have not had chicken pox from caring for patient or entering patient room.
- Wear surgical masks.
- Pregnant & immunocompromised HCWs should not enter pt area if other.
<table>
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<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Herpes Zoster localized in normal patient</td>
<td>S</td>
<td>✓</td>
<td></td>
<td></td>
<td>Yes, if pt has poor hygiene</td>
<td>Secretions from lesions</td>
<td>DI</td>
<td></td>
<td>immune HCWs are present.</td>
</tr>
<tr>
<td>MRSA and VRE Infection or colonization</td>
<td>S + C</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td>Yes or cohort</td>
<td>Blood and body fluid</td>
<td>Until off antibiotics and culture negative</td>
<td></td>
<td>Private room preferred, cohort if private room not available. MRSA – Methacillin (Oxacillin) Resistant Staph aureus VRE - Vancomycin Resistant Enterococcus Multi-drug resistant organisms</td>
</tr>
<tr>
<td>Bacteremia</td>
<td>S + C</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td>Yes or cohort</td>
<td>Feces</td>
<td>Until off antibiotics and culture is negative</td>
<td></td>
<td>Private room preferred, cohort if private room not available.</td>
</tr>
<tr>
<td>Gastrointestinal</td>
<td>S + C</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td>Yes or cohort</td>
<td>Respiratory secretions</td>
<td>Until off antibiotics</td>
<td></td>
<td>Private room preferred, cohort if private room not available.</td>
</tr>
<tr>
<td>Respiratory</td>
<td>S + C</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td>*If pt refuses to</td>
<td>Respiratory secretions</td>
<td>Until off antibiotics</td>
<td></td>
<td>Private room preferred, cohort if private room not available.</td>
</tr>
<tr>
<td>Infection / Condition</td>
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<td>-----------------------------------------------</td>
</tr>
<tr>
<td>Skin, wound or burn</td>
<td>S + C</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td>* if irrigating</td>
<td>* if irrigating</td>
<td>Yes or cohort</td>
<td>Pus, drainage &amp; possibly feces</td>
<td>Until off antibiotics and culture negative</td>
</tr>
<tr>
<td>Urinary</td>
<td>S + C</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes or cohort</td>
<td>Urine and possibly feces</td>
<td>Until off antibiotics and culture negative</td>
</tr>
<tr>
<td>MAI or MAC</td>
<td></td>
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<td></td>
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<td></td>
</tr>
<tr>
<td>(Mycobacterium Avium Intracellulareae Complex)</td>
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<tr>
<td>Pulmonary</td>
<td>S</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wound</td>
<td>S</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Scabies</td>
<td>C</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td>Yes if pt has poor hygiene</td>
<td>Mites and infected area</td>
<td>24 hrs p start of effective therapy</td>
</tr>
</tbody>
</table>

**Notes:**
- * If irrigating
- Private room not available
- Don’t self diagnose
- Evaluate immediately by physician
<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>Tuberculosis</strong></td>
<td>S +A</td>
<td></td>
<td></td>
<td>✔</td>
<td>Yes With negative air pressure</td>
<td>Airborne and droplet nuclei</td>
<td>The Denver Hospice does NOT admit patients with known tuberculosis – May admit if patient has been on anti-TB medication at least 2 wks</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pulmonary NOT ADMITTED to The Denver Hospice</td>
<td></td>
<td></td>
<td></td>
<td>Special N95 mask</td>
<td></td>
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</tr>
<tr>
<td><strong>Positive TB Skin Test With no evidence of active TB &amp; CXR negative for active TB</strong></td>
<td>S</td>
<td></td>
<td></td>
<td>No</td>
<td>No</td>
<td>No</td>
<td></td>
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</tbody>
</table>
Infection Control Tracking For

The tracking form is filled out once a week during IDT.