

Policy Name:	Infection Prevention and Control
Policy Manual Section:	Healthcare
Policy Category:	Healthcare
Policy Number:	HC.1.03
Effective Date:	
Revision Dates:	10/17/2022
Persons Responsible (Title):	Senior Director of Health Care Services Senior Director of Rehabilitation Director of Quality Improvement
Regulatory Reference or Source:	PA Code Title 28, Chapter 27; Pennsylvania Department of Health; OSHA
Operational Scope:	Entire Division: <input checked="" type="checkbox"/> School: <input checked="" type="checkbox"/> Adult Day: <input checked="" type="checkbox"/> Residential: <input type="checkbox"/> Other: <input type="checkbox"/>

Policy Summary

Melmark is committed to reducing the risks of infection to the individuals we serve, to our staff and to our visitors. Melmark adheres to infection and disease control recommendations of the Center for Disease Control, OSHA, the Department of Human Services, the Department of Health, the Department of Education and other regulatory agencies.

Procedures

Infection Prevention Program Structure and Authority

1. The Senior Director of Healthcare has overall responsibility for the Infection Prevention and Control Program and serves as the Infection Prevention and Control Coordinator.
 - a. The Coordinator is responsible for implementation of prevention strategies and responses to infection events under the supervision of the Medical Director.
2. The Health and Safety Committee serves as the structure for the coordination of infection prevention and control activities across Melmark management and departments.
 - a. The Combined Divisional Health and Safety Committee is chaired by the Chief Clinical Officer, meeting at least monthly, and more frequently in response to infection events.
 - b. The Divisional Health and Safety Committee is co-chaired by the Director of Quality Improvement and the Senior Director of Healthcare, under the direction of the Executive Director of Melmark PA, meeting at least monthly, and more frequently in response to infection events.
 - c. The Senior Director of Healthcare presents Infection Prevention and Control program activities, plans, and events at least quarterly at the Combined Divisional Health and Safety Meetings.
 - d. Committee membership includes:
 - i. Executive Director of Melmark PA.
 - ii. Director of Quality Improvement.
 - iii. Senior Director of Healthcare.
 - iv. Senior Director of Rehab Services.

- v. Senior Director of Children’s Residential Programs
- vi. Senior Director of Children’s Educational Services
- vii. Senior Director of Adult Services

Infection Prevention and Control Program Responsibilities

1. Through the Infection Prevention and Control Committee and under the approval of Melmark Senior Leadership the following Infection and Control Program Responsibilities will be overseen by the Senior Director of Healthcare:
 - a. Development and implementation of strategies to prevent risk of infection.
 - b. Coordination with external resources for infection prevention such as the local Department of Health and Pennsylvania Department of Health.
 - c. Review of Infection Prevention and Control Policy annually. Review and approval of Infection Prevention and Control Procedures.
 - d. In conjunction with the Director of Professional Development, assist with the design and approval of employee training related to infection prevention and control.
 - e. Design and approval of Infection Prevention Initiatives and plans for communication to staff, individuals and families in conjunction with the Communications Director.
 - f. In conjunction with the Director of Quality improvement, design and implementation of systems to monitor infection incidents and indicators of infection risk, and report required communicable disease events to the appropriate governing bodies.

Infection Risk Assessment Process

1. In order to identify risk and prioritize prevention efforts, Melmark continually collects data on infections in the organization’s settings, reviews infection risk information from community organizations, and evaluates and monitors processes that provide risk of infection.
2. The following sources of data provide information on infection and infection risk to the individuals we serve:
 - a. Physical Examination and test results as reported and documented by Melmark primary care and other treating physicians.
 - b. Reports from families and other care providers for Melmark students and Day Program participants.
 - c. Symptom reporting of possible infectious diseases as soon as identified.
 - d. Immediate testing for some communicable diseases as symptoms indicate (e.g. flu, COVID-19)
 - e. Community transmission rates of communicable diseases.
 - f. Vaccination rates of communicable diseases for individuals served.
3. The following sources of data provide information on infection and infection risk to our staff:
 - a. Required employee physicals and tests to determine that employees are free from contagious diseases (e.g., tuberculosis) as required by PA regulations (i.e., Title 55 Chapters 2380, 3800, and 6400; Title 6 PA Code Chapter 11, PA DOH guidance).

- b. Illness reported to Management and HR by the Employee Health Service and by employees.
- g. Self-symptom screening for signs of infectious diseases completed and reported as required prior to the start of a shift, or at the onset of symptoms if they occur during a shift.
- h. Testing for some communicable diseases if symptoms indicate the need (e.g. COVID-19)
- c. Community transmission rates of communicable diseases.
- d. Vaccination rates of employees for Flu and COVID-19.

Infection Monitoring

1. Melmark monitors all diseases included in the Pennsylvania Department of Health list of Reportable Diseases (PA Code Title 28, Chapter 27).
2. Melmark follows Pennsylvania Department of Human Services requirements for reporting and responding to infectious diseases including submitting reports in HCSIS incident management system.
3. Information on the included diseases from the above sources must be reported in the Melmark Unusual Incident database as soon as it is identified, but no greater than 24 hours by the Director of the involved program.
4. All reports of infectious diseases are reviewed by Healthcare Leadership verify appropriate response to individual cases and submits reports to external reporting systems.
5. Responses to reports of infection are coordinated with and approved by the Melmark Medical Director and, if applicable, community healthcare provider and the local Department of Health.
6. The Health and Safety Committee reviews the number and types of infections reported in Melmark Programs and responses to infection reports. Based on this review, the Health and Safety Committee identifies organizational risk reduction strategies, process improvements and goals.

Plan for Response to Increased Number of Infected Individuals

1. In the event of the identification of a potential infectious disease affecting a Melmark individual, reports describing the condition of the affected individual will be completed by the staff / manager or nurse identifying the condition.
2. A Melmark Nurse will provide immediate evaluation and treatment of the affected individual (s).
3. The nurse will notify the Medical Director and Primary Care Provider if applicable and will notify the Senior Director of Healthcare.
4. The Senior Director of Healthcare and Program Director will review all available information on the involved individual(s) as soon as possible but no later than 24 hours after the report.
5. The Senior Director of Healthcare and Program Director will ensure that a list of all other individuals and employees potentially affected by the condition/at risk for infection is generated within 24 hours of the report.
6. The Senior Director of Healthcare and/or Program Director will inform the HR Director of any potentially affected employees when applicable.

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- a. Management and HR will provide employees with information on how to access screening, evaluation and treatment through the employee health service.
7. If a comprehensive plan for the current infection risk does not already exist, the Senior Director of Healthcare, in consultation with the Medical Director, will develop a plan to prevent the spread of infection among individuals and staff that may have or may come into contact with the infected individual(s) in a program setting. The plan will include the following:
 - a. Dissemination of signs, symptoms, and means of transmission of the identified disease to all involved staff on a “need to know” basis.
 - b. Reinforcement of infection control requirements including Universal Precautions.
 - c. Determination of any restrictions on School or Day Program attendance of any involved individuals.
8. Written documentation that the individual is free from infectious disease may be required from the Healthcare Provider before restrictions can be lifted, or the appropriate isolation period has passed.
9. Precautions to prevent the spread of infection in residential settings may include the following:
 - a. Isolation of the infected individual from the other housemates for the duration of the illness, in the home if possible, but potentially to an isolation unit if needed.
 - b. The use of appropriate face coverings as recommended by CDC and DOH guidelines for staff and individuals served.
 - c. Increased sanitizing of all areas of the home where the infected individual(s) reside.
 - d. Separate bathroom as possible for the infected individual, but a minimum of sanitizing between each use.
 - e. Separate mealtime and location for infected individual(s) (may be required to eat meals in bedroom if needed).
 - f. Visitation precautions as deemed appropriate by the organization and its governing bodies (e.g. visitor screening, masking).
10. A process for evaluation, preventative treatment/vaccination and informational sessions, as needed, will be reviewed by Melmark Primary Care Nursing and Physicians.
11. Communication and coordination with local and state Departments of Health regarding resources and community implications of the Melmark incident.
12. The Program Director will communicate with individuals and families of individuals affected and potentially affected.
 - a. The Program Director will communicate any precautions that must be taken as well as plans for evaluation and treatment if necessary.
13. The COO and CEO will be regularly updated of the response plan and outcomes.
14. The Director of Quality Improvement will be notified and provide guidance regarding any external reports that must be completed and submitted and ensure such reports are submitted within required timeframes.

Prevention

1. According to OSHA guidelines all employees should be considered to have the risk of occupational exposure and are subject to the provisions of the plan.
2. All employees receiving training upon hire and annually thereafter on the following:
 - a. Standard Precautions to prevent the spread of infections (e.g., hand washing, cleaning soiled laundry, cleaning and disinfecting)
 - b. Personal Protective Equipment
 - c. Hepatitis Vaccine
3. Directors of all Melmark programs are responsible for ensuring that managers monitor employee adherence to universal precautions and other aspects of Melmark's Infection Prevention and Control Policy
4. Directors are responsible to ensure that appropriate supplies and containers are maintained in all sites.
5. On a monthly basis, the Director or Management designee will complete and submit the safety rounds form documenting availability of supplies.
6. In the event required supplies such as personal protective equipment are not available, the manager will take immediate corrective action and document actions on the safety rounds form.
7. All Safety Rounds forms should be reviewed by the appropriate Assistant Director at the end of each month to ensure areas of concern are promptly addressed.
8. All safety rounds forms outcomes are reviewed monthly during Health and Safety meetings to identify any patterns of non-compliance and take any needed corrective actions.
9. In addition to annual training, staff are educated about infection prevention strategies during staff meetings, via Melmark's monthly staff newsletter, via emails from HR and/or Healthcare as well as during Staff Town Hall Meetings. Individuals are educated about infection prevention strategies via their individual teaching plans.
10. New admissions are required to be vaccinated for infectious disease as outlined in the Family Handbook.
11. Employees are required to be vaccinated annually for the flu and are recommended to remain current with Covid-19 vaccination.

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Day Student/Day Program Illness	Required Time out of School/ Day Program
Flu	As indicated by a physician and no fever, vomiting, or diarrhea for at least 24 hours.
COVID-19	As per current CDC and DOH guidance for isolation periods, and no fever, vomiting, or diarrhea for at least 24 hours.
Chicken Pox/Shingles	Approximately 7 days after onset. All scabs must be dry.
Monkey Pox	As indicated by a physician and according to current CDC and DOH guidance.
Contagious Conjunctivitis (Pink Eye)	Until start of physician prescribed treatment and eye is no longer weeping.
Fifth Disease (mild rash)	No exclusion if no fever and feels well.
Hepatitis Meningitis Tuberculosis Measles Whooping Cough	As indicated by physician. Physician's clearance must outline any restrictions upon return to school/day program.
Ringworm Impetigo (crusty sore)	Written physician clearance needed to return. Area must be covered upon return to school/day program.
Mononucleosis ("Mono")	As indicated by physician. A physician's note should indicate allowed activity including physical education restrictions.
Pediculosis (Lice)*	Until treated and free of lice and nits (louse's eggs).
Pinworms	As indicated by physician.
Scabies	As indicated by physician.
Strep Throat/Scarlet Fever	As indicated by physician.
Skin Infections	As indicated by physician.
(Staph or Strep)	As indicated by physician.
Other Infectious disease not listed above	As indicated by the CDC, PADOH, and physician

Applicable Forms: