

# POLICY MANUAL

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**Subject:** Prevention and Control of  
Community Acquired and  
Nosocomial Infections

**Effective Date:** 11/90

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**Initiated By:** Cinde Stewart  
Associate Clinical Director

**Approved By:** William C. Anderson  
Medical Director

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CSF, 7/05 JL

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## POLICY:

Education, precautionary, and control measures for patients and staff are combined to prevent and control the development of nosocomial and community acquired infections in compliance with the CDC Document "Guidelines for the Prevention and Control of Nosocomial Infections" and the State of Tennessee "Rules and Regulations for the Control of Communicable Diseases" incorporated herein by reference.

## PROCEDURE:

1. Employees
  - a) Employees receive information on infection control during orientation and annually thereafter.
  - b) Employees displaying signs and symptoms of infection should not report to work. If these develop while on duty, the employee should report to their supervisor, leave the site, and seek medical attention as appropriate. At the discretion of the supervision, a medical release to return to work may be required.
  - c) All new employees are required to have or show proof of a negative TB skin test or chest x-ray or treatment as appropriate (see TB surveillance policy).
2. Patients
  - a) Patients attend program orientation which includes infection control principles and control/prevention measures. In addition, they are given information regarding the risks of IV drug use, safe sex practices, and Universal Precautions.
  - b) Residential patients developing a communicable disease while in treatment will be evaluated by the Medical Director or his physician designee as to immediate precautions necessary and possible transfer to a more appropriate facility. If a communicable disease is suspected, the patient is transferred to a private room

in the detox area until seen by a physician. If isolation is anticipated to last more than 48 hours, transfer is arranged.

- c) Outpatient patients developing a communicable disease while in treatment are referred to their primary care physician for immediate evaluation. They must be cleared by a physician before returning to treatment.
  - d) In residential treatment, isolation procedures are followed as delineated in the CDC document "Guidelines for Isolation Precautions in Hospitals" incorporated herein in its entirety by reference (see also Isolation Precautions in Hospitals" incorporated herein in its entirety by reference (see also Isolation policy).
3. Procedures outlined in the State of Tennessee "Rules and Regulations of the Control of Communicable Diseases" are followed, including reporting as required to the Davidson County Department of Health as a qualified service provider to allow for follow-up care in accordance with the Federal Confidentiality Law.
  4. The Housekeeping division of Support Services and Food Services use prevention and control measures in compliance with local and state industry standards, as well as the CDC document "Guidelines for the Prevention and Control of Nosocomial Infections," as set forth in their respective policies and procedures. These policies are incorporated herein by reference.
  5. The Infection Control Coordinator or designee, in consultation with the most directly involved persons, may prescribe reasonable action necessary for the protection of patients and personnel against communicable diseases. This includes prevention, surveillance, and control measures.
  6. Questions regarding infection control and communicable diseases are referred to Nursing. In-services for specific issues or diseases are conducted as needed.