



Section	Infection Prevention	Effective:	DRAFT
Sub-section		Version:	2.0
Policy	Employee Health Program and Infection Control	Last Revised:	DRAFT
Director's Approval	_____	Date	_____
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PHF Medical Director's Approval	_____	Date	_____
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Approvals:	PHF Approval Date:	MPC Approval Date:	

1. PURPOSE/SCOPE

1.1. To ensure the Santa Barbara County (hereafter, "County")-designated occupational health provider and the PHF Infection Prevention program incorporate scientifically-based best practices as well as regulatory and accrediting organization requirements.

4.1.1.2. _____ To establish pre-employment and annual requirements for ~~physical examination, tuberculosis (TB) screening and immunity status~~ Health Screenings for employees assigned to the Santa Barbara County Psychiatric Health Facility (hereafter the "PHF").

4.2.1.3. _____ To establish TB screening and immunity status requirements for ~~contracted~~ Contracted staff ~~Staff~~ and ~~vendors~~ Vendors with direct contact with patients and/or patient care areas at the PHF.

2. DEFINITIONS

The following terms are limited to the purposes of this policy:

2.1. **Contracted Staff** – Contractors on Payroll and locum tenens assigned to the PHF.

2.1.2.2. **Health care worker (HCW)** – all persons working in health care settings, including volunteers and interns, who have the potential for exposure to infectious materials, including body substances, contaminated equipment and medical supplies, contaminated environmental surfaces, and contaminated air. This includes, but is not limited to: nursing staff, physicians, ~~recovery aides and~~ assistants, social workers, ~~food service staff, maintenance and housekeeping staff~~ Vendors, and administrators.

1. Sheriff's Department custody deputies performing temporary law enforcement functions at the PHF shall not be considered ~~Health Care Workers~~ HCWs under this policy.

2.3. **Vendors** – contractor staff members assigned various on-site services at the PHF including janitorial, pharmacy, and consultant services.

2.2-2.4. **Health Screening** – consists of a physical exam, assessment of immunization status, and a TB screening.

3. POLICY

3.1. All new PHF employees and Contracted Staff must pass a ~~pre-employment~~ Health Screening as a condition of employment.

3.2. TB screening is required for all PHF employees, Contracted Staff, and Vendors within 6 months prior to employment or within one week after hire and at least annually thereafter.

3.3. In the event of an exposure or outbreak, PHF management will work with Behavioral Wellness administration, the Public Health Department and other applicable County departments to facilitate an exposure risk plan, including but not limited to, ~~that will include~~ addressing the needs of unvaccinated employees on a case-by-case basis.

3.1-3.4. For vaccine preventable diseases as listed in Section 4.2 of ~~this policy~~, immunization records, laboratory titer test results or a vaccination declination form is required for all employees, ~~and~~ Contracted Staff, and Vendors deemed at risk for occupational exposure and ~~that~~ who have direct contact with patients and/or patient care areas.

3.5. Health Screenings are a requirement for employment and Contracted staff and shall be conducted within six (6) months prior to employment or up to one (1) week after hire by a lawfully authorized person who can verify that the individual is able to perform assigned duties and does not have any health condition that would create a hazard to the individual, fellow employees, Contracted Staff, patients, visitors, or Vendors.

~~The Employee Health Program is an essential component of a safe environment for patients and healthcare personnel. The county-designated occupational health provider and the PHF Infection Prevention program incorporate scientifically-based best practices as well as regulatory and accrediting organization requirements into the program.~~

~~In accordance with Title 22 Section 77121 of the California Code of Regulations, all new PHF employees are required to pass a pre-employment health screening as a condition of employment. A health examination, performed by a person lawfully authorized to perform such an examination shall be performed as a prerequisite for employment within six months prior to employment. The examination, shall verify that employees are able to perform assigned duties and do not have any health condition that would create a hazard for the employee, fellow employees, patients or visitors. Failure to complete the pre-employment health screening may delay the start of work. If the employee does not complete the pre-employment health screening as directed by the PHF Medical Director or Nursing Supervisor, the PHF may elect to rescind an offer of employment.~~

~~The Centers for Disease Control and Prevention (CDC) issues guidelines on TB screening for health care workers (HCW) who work in settings with a risk of occupational exposure. These guidelines include risk classifications and the recommended frequency of TB screening based on the type of healthcare setting and number of patients at the facility diagnosed with TB each year. According to these risk classifications, the PHF is designated as a “low risk setting”. However, the PHF consistently serves high-risk patient populations (i.e. chronically homeless, medically underserved) that are at higher risk than the general population for TB and TB infection. As such, the PHF Medical Practice Committee (MPC) acting as the Infection Control Committee determined that TB screening is required for all employees, at the time in the 6 months prior to hire and at least annually thereafter.~~

~~For vaccine preventable diseases as listed in Section 4.2 in this policy, immunization records, laboratory titer test results or a vaccination declination form is required for all employees and contracted staff and vendors deemed at risk for occupational exposure and that have direct contact with patients and/or patient care areas.~~

4. **PRE-EMPLOYMENT AND TRANSFERRING EMPLOYEE REQUIREMENTS**

4.1. The County-designated occupational health provider will complete the following for all potential employees as part of the pre-employment process prior to the first day of employment, including potential employees not previously employed by the County or those transferring from another County-operated program or department:

1. Physical examination;

~~Initial tuberculosis screening is performed as a prerequisite for employment within six (6) months prior to employment or within one (1) week after start of employment);~~

~~TB screening, which may include one of the followi(Note: the occupational medicine practitioner will determine the most appropriate screening):~~

2. Initial tuberculosis screening (performed within six (6) months prior to employment or within one (1) week after start of employment);

3. One-step TST for individual who can provide proof of a negative result in the last year. An interferon-gamma release assay test, such as a Quantiferon (QFT).

4. Chest x-ray if the TST skin test or QFT is positive.

a. If the chest x-ray is negative, the employee will complete a symptom questionnaire on an annual basis ~~(referenced in section 5.1.1.b of this policy).~~

~~Tuberculin skin test (TST); or:~~

i. ~~Proof of a TST conducted within six (6) months prior to hire date will be accepted. A two-step process will be used if a TST has not been done in the past twelve months.~~

4.2. Each potential employee will be assessed for vaccination status for the following Vaccination for vaccine preventable diseases, using immunization records or if unavailable using as indicated by laboratory titer results, current standards of practice and clinical assessment, for the following:

1. Hepatitis B_i
2. Measles, Mumps and Rubella (MMR)_i
3. Varicella_i
4. Tetanus-Diphtheria-Pertussis (Tdap)_i; and
5. Seasonal Influenza (during designated flu season only as determined by the County's Health Officer)

~~4.3. Potential employees diagnosed with TB will be referred to Risk Management for treatment. All potential employees must be screened for TB must be and cleared for work by the County designated occupational health provider prior to the first day of work at the PHF. Potential employees diagnosed with TB will be referred to Risk Management for treatment.~~

~~In some circumstances, particularly if a potential employee immigrated from or visited has recently been in areas of the world with high rates of TB, a physician may request serology testing to determine TB status.~~

~~If immunization records are unavailable, laboratory titer testing will be conducted by the county designated occupational health provider to determine the potential employee's immunity status. Titer testing will be completed for the following:~~

~~Hepatitis B
Rubella
Varicella
Rubeola (Measles)
Mumps
Tetanus Diphtheria Pertussis~~

4.3. Potential employees are responsible for:

- ~~1. Submitting It is the responsibility of the potential employee to either submit immunization records to the PHF Human Resources and the PHF Nursing Supervisor; or~~
- 4.2. bringing Bringing all necessary immunizations records or titer testing results documenting immunity to the County-designated occupational health provider prior to their first date of employment.

~~a. Potential employees with inadequate immunity results will be offered vaccinations at no cost.~~

4.4. If a potential employee declines to have titer testing or be vaccinated for the above-listed diseases, the potential employee:

1. a. Must complete a vaccination declination form (see Attachment A) ~~must be completed~~ for each vaccine declined; and
- b.a. and The declination form will be retained in the potential employee's employee file and/or PHF vaccination central file ~~Human Resources medical file.~~

~~2. In the instance of declination, the potential employee will~~ Will be informed ~~of of~~ the occupational exposure risks associated with assignment to the PHF. ~~The potential employee will be informed that~~

~~c. in the event of an exposure or outbreak, PHF management will work with Behavioral Wellness administration, Human Resources, the Public Health Department and others to facilitate an exposure risk plan that will include addressing the needs of unvaccinated employees on a case-by-case basis.~~

~~4.5. The PHF Nursing Supervisor will review the immunization documentation and offer vaccination recommendations as needed and work with Human Resources to ensure the potential employee obtains the vaccinations or completes the declination forms.~~

~~4.6. If the employee does not complete the pre-employment Health Screening as directed by the PHF Medical Director or Nursing Supervisor, the PHF may:~~

- ~~1. Delay the potential employees start of work date; or~~
- ~~2. Elect to rescind an offer of employment.~~

5. CURRENT EMPLOYEES

5.1. On an annual basis, current PHF employees will complete the following:

1. **TB screening.** Screenings will be completed based on previous results (i.e. non-reactor/negative result and reactor/positive result):

a. Non-reactor – ~~TST or QFT. Tuberculin skin test (TST)~~

b. Reactor – a symptom review questionnaire ~~shall be~~ completed by the employee. ~~(Note:~~

i. Further interventions may be implemented as determined by the Infection Control Designee). ~~Preventionist.)~~

c. PHF employees will:

i. ~~Staff will be notified~~ Receive an automated electronic reminder and/or an email notification 30 days before the anniversary date of their last TB screening to complete the annual screening; ~~and: PHF employees will~~

ii. ~~have~~ Have 60 days after notification to complete TB screening. ~~Employees will~~

~~1. be reminded that completion of Annual~~ TB screening is an ongoing condition of employment at the PHF.

2. Seasonal Influenza vaccination.

a. Seasonal Influenza vaccinations are provided free of charge at the PHF.

b. PHF Employees-employees that decline the influenza vaccination:

i. ~~Must must complete complete~~ the Influenza Vaccination Declination Form;

ii. Must wear a procedure mask while on duty during flu season (varies the dates for the season are, will be determined by the County's Health Officer); and

- iii. ~~Will still have the opportunity to get vaccinated at a later time. During flu season (varies; will be determined by the County's Health Officer), PHF employees that declined the influenza vaccination must wear a procedure mask while on duty.~~

6. CONTRACTED STAFF AND VENDORS

6.1. ~~Contracted Sstaff and Vvendors listed below are required to must provide immunization records or titer testing results at initial hire and will be offered vaccinations as needed.~~

1. ~~These records or results must be received prior to the first day of work at the PHF.~~
- 4.2. ~~A declination form must be completed if Ccontracted ~~staff~~ Staff and ~~vendors~~ Vendors do not submit proof of immunity or decline vaccinations.~~
2. ~~Contracted staff shall include Contractors on Payroll and locum tenens contractors assigned to the PHF facility.~~
3. ~~Vendors shall include contractor staff members assigned on-site duties at the PHF to perform various services, including janitorial, pharmacy, and consultant services.~~
- 4.3. ~~Contracted staff and Vendors that decline the influenza vaccination must complete the Influenza Vaccination Declination Form. During flu season (varies; will be determined by the County's Health Officer), ~~contracted~~ Contracted staff Staff that declined the influenza vaccination must wear a procedure mask while on duty.~~

6.2. ~~Initial TB screening of Contracted Staff and Vendors is performed as a prerequisite for employment within six months prior to employment or within one week after hire.~~

1. ~~Contracted staff Staff and ~~vendors~~ Vendors are required to must submit proof of TB screening ~~at initial hire and~~ on an annual basis to PHF staff.~~
- 5.2. ~~The PHF will remind Contracted Sstaff and ~~vendors~~ Vendors will be reminded that submission of TB screening completion is an ongoing contractual requirement.~~

6.3. ~~In the instance of declination for vaccination preventable diseases, the PHF will inform ~~contracted~~ Contracted staff Staff and ~~vendors~~ Vendors will be informed of the occupational exposure risks associated with assignment to the PHF.~~

- 6.1. ~~In the event of an exposure or outbreak, PHF management will work with ~~contracted~~ Contracted staff Staff and ~~vendors~~ Vendors to coordinate replacement and back-up ~~contracted~~ Contracted staff Staff and ~~vendors~~ Vendors to provide coverage during this time.~~

7. WORK CLEARANCE/RETURN TO WORK

7.1. ~~HCWs diagnosed with a certain reportable communicable disease will not be able to work at the PHF.~~

1. ~~Human Resources will work with county employees to determine if other work assignments PHF staff will work with the employee and applicable County departments to determine if an accommodation ~~are~~ is possible and appropriate.~~

~~4.2.~~ In the event an employee ~~was~~ is placed on leave following diagnosis of a communicable disease, the employee must be cleared prior to returning to work by the County-designated occupational health provider.

7.2. Contracted Staff and Vendors diagnosed with ~~a~~ certain reportable communicable diseases s will not be able to work at the PHF.

1. PHF Leadership will work with the contract liaison to backfill or reassign other contracted staff to the PHF during this time.
2. In the event a contracted staff was placed on leave following diagnosis of a communicable disease, the contracted staff must provide medical documentation indicating they are cleared to return to work.

8. REPORTING AND DATA MANAGEMENT

8.1. To promote a safe patient environment, ~~information the Infection Preventionist and reports will be presented to~~ will regularly report to the PHF Medical Practice Committee for review and recommendations. Reports shall include but not be limited to the following:

1. Communicable diseases of epidemiological importance to the healthcare environment and the community at the regional and state level;~~;~~
2. Exposure summaries;~~;~~
3. TB screening rates, conversion rates and non-compliance rates;~~;~~ and ~~;~~
4. Vaccination and vaccination declination rates.

ASSISTANCE**Infection Preventionist****REFERENCE**

California Code of Regulations

Title 8, Section 5199(h)(5)

Title 22, Division 5, Chapter 9, Article 4, Section 77121

Code of Federal Regulations – Centers for Medicare & Medicaid Services Conditions of Participation: Infection Control

Title 42, Part 482, Subpart C, Section 482.42

Code of Federal Regulations – Occupational Safety and Health Administration: Bloodborne Pathogens

Title 29, Part 1910, Subpart Z, Section 1910.1030(f)

Centers for Disease Control and Prevention (CDC). *Guidelines for Prevention the Transmission of Mycobacterium tuberculosis in Health-Care Settings, 2005*. Accessed on 6/23/17 from <https://www.cdc.gov/MMWR/preview/mmwrhtml/rr5417a1.htm>

Centers for Disease Control and Prevention (CDC). *Screening for Tuberculosis and Tuberculosis Infection in High-risk Populations Recommendations of the Advisory Council for the Elimination of Tuberculosis, 1995*. Accessed on 6/23/17 from

<https://www.cdc.gov/mmwr/preview/mmwrhtml/00038873.htm>

RELATED POLICIES

[Occupational Exposure to Communicable Diseases other than Blood Borne Pathogens](#)

[Bloodborne Pathogen Exposure Control Plan](#)

[Reportable Diseases, Conditions and Occurrences](#)

ATTACHMENTS

[Attachment A – Contractor/Employee Vaccination Declination Form](#)

REVISION RECORD

DATE	VERSION	REVISION DESCRIPTION
DRAFT	2.0	<ul style="list-style-type: none"> • <u>Added definitions for Contracted Staff, Vendors, and Health Examination</u> • <u>Moved many of the policy statements into the Procedures sections</u> • <u>Added 1.1 and 3.2</u> • <u>Revised procedure language for Human Resources and Risk Management making it more general.</u> • <u>Revised TB screening time period language.</u> • <u>General formatting and organization changes</u>

Culturally and Linguistically Competent Policies

The Department of Behavioral Wellness is committed to the tenets of cultural competency and understands that culturally and linguistically appropriate services are respectful of and responsive to the health beliefs, practices and needs of diverse individuals. All policies and procedures are intended to reflect the integration of diversity and cultural literacy throughout the Department. To the fullest extent possible, information, services and treatments will be provided (in verbal and/or written form) in the individual's preferred language or mode of communication (i.e. assistive devices for blind/deaf).



Contractor/Employee Vaccination Declination Form

Contractor/Employee Name: _____

Date: _____

DTaP I accept the vaccine I decline the vaccine

MEASLES, MUMPS, RUBELLA (MR or MMR) I accept the vaccine I decline the vaccine

VARICELLA I accept the vaccine I decline the vaccine

HEPATITIS B

Declination Statement

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to me; however, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine I continue to be at risk of acquiring hepatitis B, a serious disease. If, in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

I accept the vaccine I decline the vaccine

Employee Signature: _____ **Date:** _____