

JUVENILE COURT HEALTH SERVICES - INFECTION CONTROL

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Subject: REPORTING AND MANAGING HEALTH CARE WORKERS WITH OR EXPOSED TO A COMMUNICABLE DISEASE		Original Issue Date: 2/8/2019	Policy # IC-04
		Supersedes: 2/8/2019	Effective Date: 11/4/2020
Departments Consulted: JCHS Infection Control Committee	Approved By: (Signature on File) Medical Director (Signature on File) Infection Control Manager	Approved by: (Signature on File) Health Services Administrator	

POLICY

Protect youths, faculty staff, and health care workers from exposure to potential communicable diseases. It is also the responsibility of all health care workers to advise their supervisors immediately if they have contracted and/or been exposed to a communicable disease. Notification is required to enable any facility to take protective measures on behalf of the youths and employees as well as to maintain control of communicable diseases within the facilities.

POST-EXPOSURE EVALUATION AND FOLLOW-UP

Following an exposure incident, confidential medical evaluation and follow-up services will be made available to the WFM 24 hours a day by (Employee Health Services (EHS), Emergency Department (ER), Urgent Care Clinic, or Medical Provider Network (MPN) initial treatment center as designated by facility/agency). It is important that the WFM is evaluated as close to the time of exposure as possible, ideally within two (2) hours. While ideal, the two (2) hours shall not be used to exclude WFMs with exposures occurring greater than two (2) hours prior to presentation. The medical evaluation and follow-up will include the following elements:

- A. Immediately following an exposure to blood or bodily fluids, the WFM shall:
1. Wash needlestick injuries, lacerations, or non-intact skin with soap and water.
 2. Thoroughly flush splashes to the nose and/or mouth thoroughly with water.
 3. Irrigate eyes with clear water, saline, or sterile irrigates, as required.
 4. Conduct wound care as dictated by injury or accident.
 5. Instruct source patient to not leave until labs are drawn. Report incident to supervisor or designee immediately. WFM and supervisor will complete the Industrial Accident forms after initial medical evaluation.
 6. Submit Safety Intelligence Report for Staff Exposure.
 7. Report to EHS, ER/Urgent Care Clinic, or MPN initial treatment center as designated by facility or designated agency ideally within two (2) hours of exposure for evaluation.

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<p><u>Unit/Area Supervisor Responsibilities</u></p> <ol style="list-style-type: none"> 1. Immediately report an incident to the Nurse Manager and Infection Control Manager or designee. 2. When notified of a work-related injury, the supervisor <i>must</i> provide a Workers' Compensation Claim Forms (DWC-1) within one working day of receiving notice of the injury. Refer to attachment A and B. 3. Consult with your Departmental Return-to-Work Coordinator. Assuring that the involved healthcare worker complies with procedures and required follow-up. <p><u>Health Care Worker Responsibility</u></p> <ol style="list-style-type: none"> 1. Notify the immediate supervisor of contact with a communicable disease or actual illness. 2. Complete the Blood and Body Fluid Exposure form on Persinda if the employee chooses to be seen by Employee Health Services (EHS). Refer to attachment Q. 3. Obtain treatment through Health Care Service Site which includes but not limited to EHS, Emergency Department (ER), Urgent Care Clinic, or Medical Provider Network (MPN) initial treatment center as designated by facility/agency. 4. Verify with immediate supervisor that Notice to Injured Employee Claiming Industrial Accident and the Employer's Report of Occupational Injury or Illness forms are completed. <p><u>Health Care Service Site Responsibilities</u></p> <ol style="list-style-type: none"> 1. Every physician, as defined in Labor Code Section 3209.3, who attends to an injured employee shall file, within five days after initial examination, a complete Form 5021, Doctor's First Report of Occupational Injury or Illness report of every occupational injury or occupational illness to such employee, with the employer's insurer, or with the employer, if self-insured. 2. Notifying the health care worker's direct supervisor if health care worker fails to report to Health Care Service site after adequate notification has been given to the health worker. <p><u>OBTAINING EMPLOYEES' CLEARANCE TO RETURN TO WORK AFTER EXPOSURE TO A COMMUNICABLE DISEASE</u></p> <p><u>Non-Work-Related Illness:</u></p> <p>Health Care Workers who develop any communicable disease must obtain medical clearance through the Health Care Service Site <i>BEFORE</i> returning to duty. If a private physician sees an employee, the employee must bring written notification allowing his/her return to duty.</p>

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Notification from the private physician must be taken to the Health Care Service Site and to the employee's Human Resources Office. Employees are to go to their Health Care Service Site regardless of their shift assignment.

Work-Related Illness:

Health Care Workers must have written medical clearance allowing them to return to duty. Clearance documents must be presented to Human Resources/Personnel Return to Work Unit. Human Resources will refer the Health Care Service Site for further medical clearance.

AUTHORITY

Title 8, California Code of Regulations
Section 5193, Bloodborne Pathogens
Section 3204, Access to Employee Exposure and Medical Records

Title 22, California Code of Regulations
Section 70723, Employee Health Examinations and Health Records
Section 70739, Infection Control Programs

Title 29, Code of Federal Regulations, Section 1910.1030(h)(4)

California Health and Safety Code, Sections 120160-120163, 120975-121023, 1797.188(b)
California Labor Code, Section 3209.3
Centers for Disease Control and Prevention Standards and Recommendations

ATTACHMENTS

Attachment Q, EHS Form "Blood and Body Fluid Exposure Report"
Attachment A, Workers' Compensation Packet including DWC forms
Attachment B, EHS Site Addresses and Contact Information