

HIGH DESERT HEALTH SYSTEM AMBULATORY SURGICAL CENTER

SUBJECT: XIII-142 AEROSOL TRANSMISSIBLE DISEASES PLAN	POLICY #: 1098
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PURPOSE: To meet Title 8 California Code of Regulations (T8CCR), Section 5199, for a referring Aerosol Transmissible Diseases (ATD) facility.

POLICY:

The High Desert Health System (HDHS) Ambulatory Surgical Center (ASC) refers any person identified as an A TD case or suspected case, to an appropriate facility for further evaluation and treatment as indicated. The ASC does not provide further medical services beyond initial screening and does not provide transportation, housing or airborne infection isolation to any person identified as a case or suspected case. The ASC will delay surgical procedures for a patient who is a case or suspect case for an A TD.

The program to reduce risk to employees includes the following elements:

- I. Designation of an Administrator/ Alternate
- II. Establishment of procedures
- III. Identification of job positions/tasks with occupational exposure
- IV. Source control procedures
- V. Screening and referral procedures
- VI. Interim (awaiting referral/transfer) risk reduction procedures
- VII. Cleaning and disinfection procedures
- VIII. Employee medical services
- IX. Reporting Exposures
- X. Employee training
- XI. Recordkeeping

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PROCEDURE

I. Designation of an Administrator/Alternate

The ASC Medical Director and/or the ASC Nursing Director or their designees are the Administrators of this program and are responsible for the establishment, implementation and maintenance of effective written infection prevention and control procedures to control the risk of transmission of A TDs. The contract Infection Prevention (IP) Nurse will provide consultation as needed in infection prevention and control principles as they apply specifically to the ASC.

II. Establishment of Procedures

The procedures to reduce occupational exposure can be found in the ASC Policy manual Isolation and Employee Health policies and are available for employees to review. These procedures are reviewed at least annually by the Administrator and the ASC Medial Advisory Committee (MAC). If any part of these procedures is found to be ineffective or deficient, the procedures will be revised.

III. Identification of Job Positions/Tasks with Occupational Exposure

Based on a review of the operations, the following job positions have been determined to have a risk of occupational exposure to ATDs:

Physicians

CRNAs

Nurses

Surgical Techs

CNAs

Central Services Technicians

Environmental Services Personnel

Clerks/Registration Clerks

*Note: occupational exposure is defined as exposure from work activity or working conditions that is reasonably anticipated to create an **elevated** risk of contracting any disease caused by aerosol transmissible pathogens if protective measures are not in place. Elevated means higher than what is considered ordinary for employees having direct contact with the general public outside of the facilities, service categories and operations.*

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IV. Source Control

A. Respiratory Hygiene/Cough Etiquette

At first point of contact with a potentially infected person, registration clerk and other staff advises patients/clients/visitors to:

- Cover the nose/mouth when coughing or sneezing
- Use tissues to contain respiratory secretions and dispose of them in the nearest waste receptacle after use
- Perform hand hygiene (e.g., hand washing with non-antimicrobial soap and water, alcohol-based hand rub, or antiseptic hand wash) after having contact with respiratory secretions and contaminated objects/materials.

B. Respiratory Hygiene Stations with visual alerts in appropriate languages are placed in the ASC waiting area for patients and visitors which include:

- Tissues and disposal receptacles
- Alcohol-based hand sanitizer dispenser
- Masks

C. Masking and Separation of Persons with Respiratory Symptoms

- During periods of increased respiratory infection activity in the community, staff offer face masks to persons who are coughing
- Ensure that mask is used correctly.

D. Airborne, Droplet, and Contact Transmission Procedures

The ASC work practices are in accordance with the Centers for Disease Control and Prevention Guidelines for Isolation Precautions (<http://www.cdc.gov/hicpac/pdf/isolation/Isolation2007.pdf>), and Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Health-Care Settings (<http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf>). See Isolation Policy and TB Exposure Control Plan.

V. Screening and Referral Procedures

Cases and suspected cases of A TD are quickly screened and referred to other facilities using the following procedures. Surgical Procedures are delayed until the patient is no longer contagious for an ATD.

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A. Screening

Screening will be provided by a healthcare worker evaluating patient prior to surgery. Staff has been trained in the criteria for referrals, which include persons who:

- Have a cough that is not explained by non-infectious conditions.
- Exhibit signs and symptoms of a flu-like illness for a period longer than two weeks at any time during the year.
- State that they have a transmissible respiratory disease.
- State that they have been exposed to an infectious ATD case.

B. Transfers

All transfers will occur as soon as possible and within 5 hours of the identification of the case or suspected case.

VI. Interim (Awaiting Referral/Transfer) Risk Reduction Procedures

While awaiting transfer of a case or suspected case to another facility (see section VI), the following procedures will be used to reduce exposure to employees:

1. Patient will be provided a mask.
2. The case or suspected case will be placed outside the facility or in a separate area/room that has separate ventilation from other areas or filtration and/or in which a door may be closed.
3. Employees will use respiratory protection when entering the room or area if the case or suspected case is not compliant with the source control measures described above.
4. This use of respiratory protection is in compliance with the written respiratory protection program of the HDHS Employee Health and Safety Policies.

VII. Cleaning and Disinfection Procedures

- A. Work areas and equipment that have been contaminated with ATDs and pose an infection risk to other patients and employees will be cleaned and decontaminated. All disinfectants used will be EPA registered. Employees are instructed on proper cleaning/disinfection techniques to include:

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- Follow label instructions (use the product for the application that is described)
 - Pay special attention to:
 - The need for cleaning surfaces prior to disinfection
 - Product's dilution rate (if applicable)
 - Amount to use
 - Contact time
 - Expiration date
- B. Staff is instructed on safety precautions when using the products and will be provided access to the material safety data sheet (MSDS) according to the Hazard Communication Program.

VIII. Employee Health Services

- A. Vaccinations (influenza, measles, mumps, rubella, tetanus / diphtheria/ Acclular Pertussis, and Varicella-Zoster) are made available by the contracted HDHS Employee Health Service (EHS) to all susceptible healthcare workers with occupational exposure as recommended by the California Department of Public Health and per the DHS EHS protocols. An employee who declines these vaccinations must sign a declination form. Evidence of immunity and or documentation of vaccination are required for MMR and Varicella for certain assignments. If an employee later desires a vaccination, the EHS will arrange for the vaccination.
- B. The initial and annual screening and surveillance for tuberculosis infection will occur per the DHS EHS Policies and procedures.

IX. Reporting ATD Exposures

- A. Staff is to report suspect or confirmed cases and exposures to the ASC Nursing Director and/or Supervisor immediately. Exposures to patients and staff are to be reported within 24 of exposure to the HDHS IP Nurse and EHS Nurse as indicated and for appropriate follow up and notifications to appropriate agencies.
- B. All exposure incidents will be handled according to the DHS EHS Policies.

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Note: An exposure incident is an event in which all of the following have occurred: (1) An employee has been exposed to an individual who is a case or suspected case of a reportable ATD, or to a work area or to equipment that is reasonably expected to contain aerosol transmissible pathogen (ATPs) associated with a reportable ATD; and (2) The exposure occurred without the benefit of applicable exposure controls required by this section, and (3) It reasonably appears from the circumstances of the exposure that transmission of disease is sufficiently likely to require medical evaluation.

X. Employee Training

A. Employee training is provided by the contracted IP and EHS Nurses.

B. Employees are trained at the following times:

- Initially (at the time of assignment)
- Annually
- Whenever there are changes in the workplace or when there are changes to procedures that could affect the worker's exposure

C. Training includes the following topics:

1. A general explanation of A TDs including the signs and symptoms that require further medical evaluation;
2. Screening methods and criteria for persons who require referral;
3. Source control measures and how these measures will be communicated to persons the employees contact;
4. Procedures for making referrals
5. Procedures for temporary risk reduction measures prior to transfer;
6. Training including respiratory protection, if necessary
7. Medical services
8. Information on vaccines the employer will make available, including the seasonal influenza vaccine.
9. How employees can access the written procedures and how employees can participate in reviewing the effectiveness of these procedures

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XI. Recordkeeping

The following records will be maintained:

- A. Training records are maintained by the IP and EHS Nurses for their respective training aspects. Copies of training records are provided to the ASC Medical and Nursing Directors. Training records are retained for a period of 3 years. Records include the date of the training, contents, name/qualifications of trainer, name/job titles of persons being trained.
- B. Vaccination records are maintained by the HDHS EHS. Records include name, employee identifier, vaccination status, and declination forms. Note: for the seasonal flu vaccine, only the most recent declination form must be maintained.
- C. EHS Records of staff who have and exposure are maintained at least the duration of employment plus 30 years.
- D. Exposure incident records are maintained by HDHS EHS. Records will include:
 1. The date of the exposure incident;
 2. The names, and any other employee identifiers used in the workplace, of employees who were included in the exposure evaluation;
 3. The disease or pathogen to which employees may have been exposed;
 4. The name and job title of the person performing the evaluation;
 5. The identity of any local health officer and/or licensed healthcare provider consulted;
 6. The date of the evaluation; and
 7. The date of contact and contact information for any other employer who either notified the employer or was notified by the employer regarding potential employee exposure.
- E. Inspection/testing/maintenance of non-disposable engineering controls (e.g., *ventilation systems*) are maintained by the HDHS Facilities Department for a period of 5 years. Records include tester name, test information, date, and significant findings or actions.
- F. Respirator records are maintained by the EHS for a period of 2 years.

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REFERENCE:

Title 8 California Code of Regulations (T8CCR), Section 5199

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