



# High Desert Health System POLICY AND PROCEDURE

POLICY NUMBER: 372  
VERSION: 1

## SUBJECT: INFECTION CONTROL POLICY FOR AMBULATORY CARE CLINICS

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**PURPOSE:** To prevent the transmission of infections between patients and staff in the clinic setting.

**POLICY:** Personnel are to adhere to policies and procedures outlined in this policy as well as to other Infection Prevention and Control policies and procedures of the High Desert Health System (HDHS) Manual as they relate to their scope of activity.

### PROCEDURE:

#### I. PROCEDURES

##### A. Hand Hygiene

Personnel are to perform hand hygiene (handwashing or hand antisepsis) according to the Hand Hygiene Policy. In the absence of a true emergency, personnel will perform hand hygiene:

1. before performing invasive procedures.
2. before taking care of susceptible patients.
3. before and after touching wounds, mucous membranes or invasive devices.
4. after contact with blood, body fluids, body substances, mucous membranes or inanimate objects likely to be contaminated.
5. after taking care of a patient and before caring for another patient
6. after contact with environment and objects likely to be contaminated with significant microorganisms, e.g., MRSA, measles, meningitis, etc.
7. before and after beginning or completing work duties, which involve direct or indirect patient contact.
8. before and after gloves are worn and removed in above stated indications (gloves may be torn during procedures or may contain microscopic holes allowing pathogens to be transmitted to the skin).
9. whenever hands are visibly soiled or contact with C. diff or Norovirus organisms, handwashing is required.

## **B. Standard (Universal) Precautions**

Standard Precautions and Universal Precautions are considered to be synonymous in the HDHS Infection Prevention Policies. Standard Precautions are intended to prevent exposure of both the patient's and the Health Care Worker's (HCW) mucous membranes and non-intact skin to pathogens. Standard Precautions are to be adhered to in all patient contact situations and handling of contaminated equipment and substances. (See Standard Precautions Policy)

1. Standard Precautions apply to all blood and body fluids. Assume that every person is potentially infected or colonized with an organism that could be transmitted in the healthcare setting and apply the following infection control practices during the delivery of health care.
2. Standard Precautions include the use of protective barrier equipment (e.g. gloves, masks, gowns, eye protection, and face shields). The type of protective barriers used should be appropriate for the procedure being performed and the type of exposure anticipated protecting mucous membrane and skin contact.
3. Standard Precautions include the proper use of engineering and work Practice controls (e.g. do not recap needles, use of sharps safety devices, dispose of contaminated sharps immediately after use and activation of safety device into an approved sharps container).
4. HCWs who have exudative lesions or weeping dermatitis are to refrain from direct patient contact and from handling patient care equipment until the condition resolves.
5. HCWs are not to eat, drink, apply lip balm, adjust contact lenses or similar activities in areas where there is a potential of exposure to blood and body fluids.

## **C. Protective Attire**

Protective attire reduces the risk of exposure of the HCW's skin or mucous membranes to potentially infective materials. Protective attire is to be stored in an accessible location. Indicated protective attire must be worn when exposure to blood/body fluids or airborne droplets is anticipated and when working in areas designated as "Isolation" (see Section "III" below).

1. Gloves

- a. Gloves are to be changed after contact with each patient. Hand Hygiene is to be performed after gloves are removed.
- b. Sterile gloves must be used during sterile procedures.
- c. Non-sterile clean gloves may be used for examinations and other non- sterile procedures.
- d. Medical, sterile, or non-sterile gloves are not to be washed or disinfected for reuse.

2. Protective Gowns, Laboratory Coats or Uniforms

- a. Protective gowns or aprons made of materials that provide an effective barrier are to be worn during invasive procedures that are likely to result in the splashing of blood or other body fluids. They are to be change when soiled.
- b. Personal protective equipment/clothing is to be removed prior to leaving the work area and placed in an appropriately designated area or container for storage, washing, decontamination or disposal.

3. Masks, Protective Eye Wear or Face Shields

- a. Protective eyewear and masks or face shields are to be worn for procedures that commonly result in the generation of droplets, splashing of blood or other body fluids.
- b. Masks are to be changed and disposed of after each patient contact, or during treatment if the mask becomes moist.
- c. Face shields or protective eyewear, if reusable, are to be washed and disinfected when soiled.
- d. Properly fitted N-95 Particulate Respirator masks (e.g., TB mask) are to be worn when working with suspect or confirmed patients requiring Airborne Isolation Precautions, e.g., TB, Chickenpox, Measles, SARS, etc. (see Section III below).

#### **D. Respiratory Hygiene/Cough Etiquette**

Respiratory Hygiene/Cough Etiquette measures are to be implemented in all settings to contain respiratory secretions to prevent droplet and fomite transmission of respiratory pathogens, especially during seasonal outbreaks of viral respiratory tract infections (e.g., influenza, RSV, adenovirus, parainfluenza virus).

1. Post signs at entrances and in strategic places
2. Provide and offer resources for Respiratory Hygiene (masks, tissue, hand hygiene supplies).
3. Instruct patients and other persons with symptoms of a respiratory infection to cover their mouths/noses when coughing or sneezing, use and dispose of tissues, and perform hand hygiene after hands have been in contact with respiratory secretions.

#### **E. Safe Injection Practices**

Safe Injection Practices Policy is to be adhered to, which includes the following principles;

1. Use aseptic technique to avoid contamination of sterile injection equipment
2. Do not administer medications from a syringe to multiple patients, even if the needle or cannula on the syringe is changed. Consider a syringe or needle/cannula contaminated once it has been used to enter or connect to a patient's intravenous infusion bag or administration set
3. Use single-dose vials for parenteral medications whenever possible
4. Do not administer medications from single-dose vials or ampules to multiple patients or combine leftover contents for later use
5. If multidose vials must be used, both the needle or cannula and syringe used to access the multidose vial must be sterile
6. Do not use bags or bottles of intravenous solution as a common source of supply for multiple patients
7. Do not keep multidose vials in the immediate patient treatment area and store in accordance with the manufacturer's recommendations; discard if sterility is compromised or questionable

## **F. Used Instruments/Equipment Handling**

1. Health Care Workers are to follow the procedures outlined below when handling used instruments/equipment.
  - a. Disposable instruments must be discarded in either a regular or a biohazardous labeled, covered waste container as indicated. Needles, syringes, other sharp instruments must be disposed of into designated Biohazardous labeled waste sharps containers immediately following use and activation of safety devices. (See Waste Disposal in III, below.)
  - b. Non- disposable instruments are to be handled using Standard Precautions and are to be:
    - Rinsed to remove gross soilage.
    - Bagged into an autoclave bag.
    - Placed in Biohazard
  - c. Non disposable equipment which is to remain in the clinic is to be cleaned and disinfected with a HDHS facility approved disinfectant, per manufacturer’s instructions.
2. For off-site clinics transportation will pick up the biohazardous containers daily from AVHC and South Valley sites. Lake Los Angeles clinic will be scheduled for pick-up on Mondays, Wednesdays, and Fridays. Pick-up for Littlerock clinic will be Tuesdays and Thursdays. The biohazardous containers will be delivered to High Desert Health Center Groups Central Services.

## **G. Reprocessed Equipment and Items from Central Service**

1. Central Services (CS) will reprocess instruments per CS protocols and clean and disinfect containers used for transport of instruments.
2. CS may return reprocessed instruments to the clinic by placing them in a plastic bag inside a disinfected container without the biohazard label in view, with a lock in place.

## **H. Specimens - Handling, Storage and Transport**

1. All specimens are to be handled using Standard Precautions. Containers must be securely sealed/closed/lidded.
2. When indicated, place specimens in a Biohazard labeled refrigerator only.
3. For transport to the laboratory:

- a. Specimens are placed in a Biohazard labeled plastic zip lock bag. Place the specimen in the zip lock section. The accompanying lab slip is placed in the outside-attached sleeve of the zip lock bag.
- b. For bulk transport of tubes containing blood or body fluids, tubes are to be placed in a rack (e.g., Styrofoam, metal or plastic) to hold them in an upright position. The rack is then placed in a plastic bag and sealed/tied to prevent spillage if the container is upset.
- c. Bulk bagged specimens are placed in a Biohazard labeled, plastic lined, designated transport container for transport to the lab.
- d. The bulk transport container is to be lidded/secured/zippered closed.
- e. For safety and security purposes specimens must be stored only in a secure designated area, and, during transport kept in the possession of the transporter and never left unattended, until delivered to the laboratory.
- f. The transport container should be transported in an upright position.
- g. Specimens must not be subjected to extreme temperatures.
- h. If a spill of blood or body fluid occurs during transport the environment is to be cleaned using appropriate supplies and equipment and per Standard Precautions protocols. Spill kits may be used.
- i. Some specimens are transported in formalin. In the event a leak into the transport container is suspected, return the container to the lab immediately and notify laboratory personnel of suspicion. The laboratory personnel will proceed according to exposure control policies regarding formalin spills.
- j. The containers are to be maintained in a clean condition and in good repair. Containers are to be cleaned by lab personnel at the end of the day after use with an approved disinfectant solution. If a blood or body fluid spill occurs on or in a case, it is to be removed from service until it has been thoroughly cleaned per existing protocols for cleaning up blood and body fluid spills.

- k. Sufficient transport containers should be available in the clinic area to service the transport needs, which may occur throughout the clinic hours of service.

## **I. Blood and Body Fluid Spills**

Blood and body fluid spills are to be managed in the following manner using Standard Precautions:

1. Assist patient as indicated.
2. Contain spill by covering with a disposable towel or paper towels.
3. Post precaution sign on or around area.
4. Pre-clean area with disposable towels. Disinfectant may be sprayed/placed(wipes) on contaminated area prior to cleaning to disinfect. Area must be disinfected again after cleaning.
5. Disinfect cleaned area with an EPA approved disinfectant or bleach solution. Note expiration dates and contact or "kill" time.
  - a. For minor spills an EPA approved disinfectant may be used (e.g., Quaternary Ammonium, combination Quaternary Ammonium/Alcohol, or bleach solutions such as PDI AF3 or Super Sanicloth Wipes, Cavicide, , or Dispatch.
  - b. For major spills an EPA approved Tuberculocidal disinfectant solution (combination Quaternary Ammonium/Alcohol, or bleach, e.g., Cavicide, Sanicloth Super Wipes, Dispatch) or a freshly mixed bleach solution may be used (1:10 -1 part bleach 9 parts water )
6. Dispose of waste into red biohazard waste bags (See Waste Disposal, II.)

## **J. Examination Rooms**

1. Table paper is changed after each patient. Tables, Mayo stands, and desks are wiped with a disinfectant solution daily and as needed between patients.
2. Pillows:  
Reusable Pillows –
  - Linen cloth pillowcase - change between each patient use. Clean/disinfect pillow between patients.
  - Plastic-lined disposable pillowcase -change between each patient use. Clean/disinfect pillow when contaminated or visibly soiled.

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Disposable Pillows –

- Plastic lined disposable pillowcase - changed between patient use.
  - If a linen cloth pillowcase is used, or if no pillowcase is used, dispose of pillow or send it home with the patient (linen pillowcase is to be placed in soiled linen hamper).
3. Kick buckets, if used, are to be emptied and relined with a fresh plastic bag promptly and/or as soon as the patient leaves the room.

**K. Floors:**

1. Tiled floors are damp dusted and mopped daily with approved disinfectant by Environmental Services staff after clinic session.
2. Carpets are vacuum cleaned daily by Environmental Services staff.

**L. Linens**

1. Clean:

Clean linen is to be stored in a manner to maintain cleanliness and protect from dust.

2. Soiled:

Soiled linen is to be placed into blue plastic bags. When bags are 3/4 full (or 1/2 full if wet) they are to be closed and placed into Linen bin to be collected by Environmental Services and/or Warehouse for transport to the Linen Department.

3. Clinic Cubicle Curtains:

- Clinic Cubicle curtains are to be changed at least every 6 months and as needed when visibly soiled. Environmental Services staff will remove soiled curtain and place in plastic bags for transport by the Warehouse Department to the Linen Department. Environmental Services staff will replace clean curtains sent by Linen Department.
- Routine Changes: Linen Department will send curtains to the clinic to be installed by the Environmental Services staff.
- As Needed Changes: The Nursing or Environmental Services staff is to order curtains from the Linen Department.

### **M. Draining Wounds**

Patients with draining wounds will be placed in an examination room as soon as possible with the drainage contained as follows:

1. Place a sterile, disposable poly-lined towel under draining area.
2. Cover wound with a sterile, disposable, poly lined towel.
3. Always cover open wound before and during transport of patient.

### **N. Dated Medications, Lab Media, Sterile Supplies**

Check periodically for expiration dates as follows and as needed:

1. Medications & Lab Media: Monthly and before use.
2. Sterile Supplies - Periodically and before use.

Refrigerate/freeze medications as appropriate per manufacturer's instructions. Store supplies in a manner to prevent contamination.

### **O. Refrigerators/Freezers**

1. Label for use (for example, "Medications Only - No food, drink or specimens", "Biohazard-Specimens Only", or "Food Only").
2. Maintain proper temperatures, per protocols in the Refrigeration/Freezer Temperature Control Policy, HDHS Manual. Monitor temperatures daily (twice a day, morning and evening, if used for vaccine storage) and document on the log.

Refrigerators:	36° F- 46° F	2 - 8° C
Freezers:	5° F or lower	15° C or lower

3. Out of Range Temperatures:

Follow protocols outlined in the VACCINE MANAGEMENT PLAN: STORAGE AND HANDLING policy.

4. Clean at least monthly and as needed per the protocol outlined in the Nursing Manual and document in log.

## **II. WASTE DISPOSAL**

**A.** Waste must be disposed of in accordance with Section 70847 of Title 22, California Medical Waste Management Act and the High Desert Health System Environment of Care and Infection Prevention Policies in order to:

1. Follow safe mechanisms for the handling of waste.
2. Prevent the overflow of waste containers.
3. Maintain waste containers in a clean condition.

### **B. Standard Precautions**

All handlers of waste are to adhere to Standard Precautions Policies and to report all blood and body fluid exposures or incidents promptly to their Supervisor.

### **C. Non-Regulated Waste**

1. Environmental Services personnel are to:
  - a. Empty all waste containers at least daily after clinic session.
  - b. Close, tie and remove plastic liner with each pickup.
  - c. Wet wipe the inside and outside of waste containers in all areas with cloth soaked with an EPA approved disinfectant solution when visibly soiled and at least weekly. Larger containers, when heavily soiled, may need to be steam cleaned per Title 22 protocols.
  - d. Replace liner with clean disposable bag.
  - e. Remove waste bags to the dumpster.
  - f. Keep dumpster lids closed at all times except when adding waste. Keep dumpster area free of debris at all times.

### **D. Biohazard Waste**

1. Biohazard waste is defined as fluid blood elements, tissues, Lab wastes (cultures, specimens) and items containing visible blood. All Biohazard waste (except sharps) is to be bagged into a Biohazard labeled red plastic bag by personnel from the department generating the waste or by the Environmental Services personnel. Each bag is to be tied securely or sealed to lessen the risk of spillage or leaking. Reline with clean Biohazard labeled red bag. Contaminated Sharps are to be disposed of by each Health Care Worker immediately into sharps containers (see Medical Waste Disposal policy).
2. Environmental Services personnel are to:

- a. bag or pick up the properly bagged waste from the utility rooms, individual departments or work areas at least daily.
  - b. wet wipe the inside and outside of waste container with a cloth soaked in germicidal solution when visibly soiled and at least weekly. Larger containers, when heavily soiled, may need to be steam cleaned per Title 22 protocols.
  - c. replace lidded Biohazard labeled containers in clinic area with clean red Biohazard labeled plastic bag.
  - d. remove Biohazard waste from the service areas to the locked Biohazard waste holding area.
  - e. sharps containers are to be replaced before they are full, sealed closed and placed in the locked Biohazard Waste holding area for final disposable.
3. biohazard waste is to be kept separate at all times from other waste by using a different collection cart and/or storage container.
  4. the storage of Biohazard waste in the Biohazard waste storage and holding areas (volume and length of time) is strictly governed. Biohazard waste is to be stored in a secure manner to deny access to unauthorized persons and to be picked up and disposed of from the holding area by the contract disposal company within (7) seven days.
  5. storage areas are to provide protection from animals, vermin and natural elements.
  6. storage area shall be marked with warning signs on exterior of door/gate and lids in English and Spanish and shall read and be legible from a distance of at least 25 feet:

**“Caution: Biohazardous Waste Storage Area Unauthorized Persons, Keep Out”**

### **III. ISOLATION/SUSPECT PROTOCOL**

#### **A. Communicable Illnesses**

##### **1. Airborne or Droplet Precautions Illnesses**

A patient exhibiting symptoms of an Airborne communicable disease (e.g., Tuberculosis, measles, chickenpox), or a Droplet communicable disease (e.g., mumps, pertussis, influenza, colds, meningitis, rubella, etc.) are to be triaged immediately, bypassing Patient Financial Services (PFS). These patients are to be masked and taken to an exam room (designated “isolation” room) immediately (or asked to wait outside), in order to prevent or limit

exposure of patients with highly contagious Airborne or Droplet communicable diseases to employees, other patients and visitors. Airborne illness requires a private room with door closed (negative pressure room with exhaust to outside if available, if not available, patient should be transferred to appropriate setting as soon as possible). For a Droplet illness a private room is preferred but not required. Staff are to use protective attire (N-95 respirator mask for Airborne precautions and barrier mask for Droplet precautions, gown, etc.) as indicated and instruct the patient on use of a barrier mask and respiratory hygiene protocol (cover cough, use of tissues, hand hygiene). Standard Precautions are to always be followed in addition to the Airborne or Droplet Precautions.

2. Non-Airborne Illnesses

Patients with communicable illnesses, which are not considered to be Airborne or Droplet form of transmission, are to be cared for using Standard Precautions and/or Contact Isolation.

**B. Signs, Symptoms & Transmission of Illnesses Requiring Airborne Precautions**

1. Measles

Maculopapular, brownish pink rash, can be confluent, starting on the ears, face, neck, spreading over trunk and limbs. Fever, malaise, coryza, cough, conjunctivitis, photophobia, hoarseness, Koplik spots.

Transmission: Respiratory droplet spread and contact with secretions.

2. Chicken Pox

Slight fever, malaise, and anorexia during prodromal phase. Puritic rash: discrete lesions, first on trunk, then on face, neck, extremities and, rarely, on palms and soles, occurring in crops so all stages present at once of macules, to papules, to vesicles, to crusting.

Transmission: Respiratory Droplet Spread and contact with secretions.

3. Tuberculosis

Cough, fever, night sweats, anorexia, weight loss, chest pain.

Transmission: Inhalation of airborne droplet nuclei containing TB bacilli.

**Airborne droplets can stay suspended in the air for several hours depending on the quality of the room ventilation. Room door is to be closed when patient is in the room and is to be left closed for one hour after the patient leaves the room** (unless other ventilation calculations have been made by Facilities and approved by the Infection Prevention & Control Committee for the specified room).

**C. Signs, Symptoms and Transmission of Illnesses Requiring Droplet Precautions:**

1. Mumps

Myalgia, anorexia, malaise, headache, low-grade fever, enlargement of P parotid glands and uncommonly, meningo-encephalitis.

Transmission: Respiratory droplet spread and contact with secretions.

2. Meningitis

Fever, neck pain, rash, headache.

Transmission: Respiratory droplet spread and direct contact with infected person.

3. Rubella

Rash, Forcheimer spots (small red petechial maculas on the soft palate may precede or accompany the rash), possible low-grade fever, coryza, and conjunctivitis. Suboccipital, postauricular, postcervical lymph node enlargement.

Transmission: Respiratory droplet spread and contact with secretions.

**Additional Droplet illnesses with descriptions of signs, symptoms and transmission can be found at [www.cdc.gov](http://www.cdc.gov)**

**D. Transmission- Based Precautions/Isolation Protocols**

1. A patient may present directly to the clinic and is to be escorted and/or directed immediately to an isolation setting, bypassing Patient Financial Services (PFS).
2. If the patient telephones before coming, he should be instructed by the nurse/physician to bypass PFS and be directed to a specific entrance to the clinic and whom to notify.
3. Isolation settings may include:
  - a. A clinic exam room designated for isolation near an entrance (rear entrance preferable) is recommended.
  - b. Patient's automobile (per discretion of Provider)
4. An isolation sign is to be posted at the exam room door to alert others. The patient is to be instructed on the need to stay in the room and/or wear a mask as is indicated.
5. All ancillary staff and services should, if at all possible, go to the isolation setting to see the patient. Isolation procedures are to be followed by all staff, e.g., PFS, Lab, etc.
6. The clinic staff seeing the patient should have a history of immunity for the illness suspected, e.g. chicken pox, measles.
7. **If the patient is to go to another clinic or department or area the isolation precautions are to be continued. The receiving clinic or department must be notified of the isolation patient being sent to their area. The patient is to be instructed on the precautions and the use of masks as indicated.**
8. After the patient leaves the isolation setting, the room is to be terminally cleaned per Isolation Protocol for the disease category (this should be done on a case by case basis for the disease category) and for the area(s) or environmental surfaces contaminated. **When Measles, Chickenpox or TB is suspected, the room is to be left closed for one hour\* before being entered for cleaning or for any other reason. Anyone entering room during this time period is to follow Isolation Protocol, e.g., wear appropriate mask or respirator, etc.)** A TB isolation room does not require terminal cleaning unless visibly soiled, but is to be left closed for the designated time period.  
\*Or the designated time per the calculated air exchange rates (see TB Exposure Protocol).
9. Outbreaks/Exposures of communicable diseases to patients or staff are to be reported immediately to the Infection Prevention Nurse

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and Employee Health Nurse as indicated. Follow up for outbreaks or exposures will be performed per Infection Control, Employee Health Service per the recommendations/directives of the and Los Angeles County Public Health Acute Communicable Disease Control Unit protocols (See Outbreak Reporting Policy)

10. Public Health reporting of certain communicable diseases is a legal requirement and must be performed promptly. This mandated function is to be initiated by the Provider and completed with the assistance of the Nursing Department per the Communicable Disease Reporting Policy.
11. Health Care Workers should refer to the LA County Communicable Disease (CD) Manual for information on reportable diseases regarding: diagnosis, treatment, transmission, communicability, incubation, isolation, preventive measures and Public Health reporting.

#### **IV. EMPLOYEE HEALTH AND COMMUNICABLE DISEASES EXPOSURE POLICIES**

- A.** Employee Health DHS Policies are to be referred to for information regarding:
  1. Pre-employment and annual physicals
  2. Vaccination protocols (Hepatitis B, Measles/Rubella/Mumps, Tdap, Influenza).
  3. Pre and post exposure protocols for communicable illnesses (e.g., Hepatitis, Chickenpox, Measles, Tuberculosis, HIV, etc.)
- B.** Blood/Body Fluid and Tuberculosis Exposure protocols are outlined in the Infection Prevention and Employee Health Service policies.
  1. The unit specific initial responses by the Health Care Worker (HCW) and Supervisor if a blood/body fluid exposure occurs are as follows:
    - a. wash affected area immediately.
    - b. instruct patient to not leave and to wait for instructions
    - c. notify Supervisor immediately (follow chain of command).
    - d. Supervisor promptly provides HCW with appropriate documentation forms and notifies the Employee Health Nurse (EHN) and Urgent Care Clinic.
    - e. HCW is to document on appropriate forms.



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- f. Supervisor documents and submits forms to the Office of Human Resources, Employee Health Clinic as indicated.
- g. HCW is to go to nearest Urgent Care Clinic for follow up (Contract Employees will receive exposure follow up per their contract specifications).

**NOTE: *When a Blood/Body Fluid Exposure occurs medications for HIV post exposure prophylaxis, if indicated, should be initiated as soon as possible within 2 hours of the exposure.*** See Blood/body Fluid Post Exposure Protocols.

**C. Post Exposure Protocol to Aerosol Transmissible Diseases**

- 1. Staff are to promptly report any exposures or illness of aerosol transmissible diseases to their supervisor so that it can be reported to the Infection Prevention Nurse and/or the Employee Health Nurse within 24 hours.
- 2. Supervisor is to promptly report the illness or exposure to the Infection Prevention Nurse or Employee Health Nurse so that it can be followed –up per regulatory requirements in order for evaluation, screening and prophylaxis to be made when indicated in a timely manner.

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