



Section	Psychiatric Health Facility (PHF)	Effective:	DRAFT
Sub-section	Infection Control	Version:	1.0
Policy	Employee Health Program and Infection Control	Last Revised:	New policy
Director's Approval	_____	Date	_____
	Alice Gleghorn, PhD		
PHF Medical Director's Approval	_____	Date	_____
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Supersedes:	Employee Immunizations (rev. 9/12/2016)	Audit Date:	DRAFT
Approvals:	PHF MPC Approval Date:		

1. PURPOSE/SCOPE

- 1.1. To establish pre-employment and annual requirements for physical examination, tuberculosis (TB) screening and vaccinations for employees assigned to the Santa Barbara County Psychiatric Health Facility (hereafter "PHF").
- 1.2. To establish TB screening and vaccinations requirements for contracted staff and vendors with direct contact with patients and/or patient care areas.

2. DEFINITIONS

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

- 2.1. **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, aides and assistants, social workers, food service staff, maintenance and housekeeping staff, and administrators.
 1. Sheriff's Department custody deputies performing temporary law enforcement functions at the PHF shall not be considered Health Care Workers under this policy.

3. POLICY

- 3.1. 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 and Control program incorporate scientifically-based best practices as well as regulatory and accrediting organization requirements into the program.

- 3.2. 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. 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.
- 3.3. 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 of hire and at least annually thereafter.
- 3.4. 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.
- 3.5. Employees hired prior to this policy or employees transferring into positions deemed at risk for occupational exposure shall provide documented immunization records, laboratory titer test results or a vaccination declination form.

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
 2. TB screening, which may include one of the following (Note: the occupational medicine practitioner will determine the most appropriate screening):
 - a. Tuberculin skin test (TST). A two-step process will be used if a TST has not been done in the past twelve months.
 - b. One-step TST for individual who can provide proof of a negative result in the last year.
 - c. Chest x-ray if the skin test is positive.

1. If the chest x-ray is negative, the employee will complete a positive symptom questionnaire on an annual basis (referenced in section 5.1.1.b of this policy).
- 4.2. Vaccination for vaccine preventable diseases as indicated by laboratory results, current standards of practice and clinical assessment, for the following:
 1. Hepatitis B
 2. Measles, Mumps and Rubella (MMR)
 3. Varicella
 4. Tetanus-Diphtheria-Pertussis (Tdap)
 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 for treatment. All potential employees must be cleared for work by the county-designated occupational health provider prior to the first day of work at the PHF.
- 4.4. In some circumstances, particularly if a potential employee immigrated from or visited areas of the world with high rates of TB, a physician may request serology testing to determine TB status.
- 4.5. 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:
 1. Hepatitis B
 2. Rubella
 3. Varicella
 4. Rubeola (Measles)
- 4.6. It is the responsibility of the potential employee to either submit records to Human Resources and the PHF Nursing Supervisor or bring all necessary immunizations or titer testing results documenting immunity to the county-designated occupational health provider prior to their first date of employment.
- 4.7. Potential employees with inadequate immunity results will be offered vaccinations at no cost.
- 4.8. If a potential employee declines to have titer testing or be vaccinated, a vaccination declination form (see Attachment A) must be completed for each vaccine declined and retained in the potential employee's Human Resources medical file.
- 4.9. In the instance of declination, the potential employee will be informed of the occupational exposure risks associated with assignment to the PHF. The potential employee will be informed that 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.

- 4.10. The PHF Nursing Supervisor will review the immunization documentation and work with Human Resources to ensure the potential employee obtains the vaccinations or completes the declination forms.

5. **CURRENT EMPLOYEES**

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

1. **TB screening.** Screening will be completed based on previous results (i.e. non-reactor/negative result and reactor/positive result):
 - a. Non-reactor – Tuberculin skin test (TST)
 - b. Reactor – a positive symptom review questionnaire is completed by the employee. (Note: Further interventions may be implemented as determined by the Infection Control Designee).
 - c. Staff will be notified 30 days before the anniversary date of their last TB screening to complete the annual screening. PHF employees will have 60 days after notification to complete TB screening. Employees will be reminded that completion of TB screening is an ongoing condition of employment at the PHF.
2. **Seasonal Influenza vaccination.** Employees that decline the influenza vaccination must complete the Influenza Vaccination Declination Form.
 - a. During flu season (varies; will be determined by the County's Health Officer), PHF employees that declined the influenza vaccination must wear medical face masks while on duty.

- 5.2. 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.

6. **CONTRACTED STAFF AND VENDORS**

- 6.1. Contracted staff and vendors listed below are required to provide immunization records or titer testing results at initial hire and will be offered vaccinations as needed. These records or results must be received prior to the first day of work at the PHF. A declination form must be completed if contracted staff and vendors do not submit proof of immunity or decline vaccinations.
1. Contracted staff shall include Contractors on Payroll and locum tenens contractors assigned to the PHF facility.
 2. Vendors shall include contractor staff members assigned on-site duties at the PHF to perform various services, including janitorial, pharmacy, and consultant services.

3. Contracted staff 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 staff that declined the influenza vaccination must wear medical face masks while on duty.
- 6.2. Contracted staff and vendors are required to submit proof of TB screening at initial hire and on an annual basis to PHF staff. Contracted staff and 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, contracted staff and vendors will be informed of the occupational exposure risks associated with assignment to the PHF. In the event of an exposure or outbreak, PHF management will work with contracted staff and vendors to coordinate replacement and back-up contracted staff and vendors to provide coverage during this time.

7. WORK CLEARANCE/RETURN TO WORK

- 7.1. HCWs diagnosed with a reportable communicable disease will not be able to work at the PHF. Human Resources will work with county employees to determine if other work assignments are possible and appropriate. In the event an employee was 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 diagnosed with a reportable communicable disease will not be able to work at the PHF. PHF Leadership will work with the contract liaison to backfill or reassign other contracted staff to the PHF during this time. 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 and reports will be presented to the PHF MPC 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.
 4. Vaccination and vaccination declination rates.

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

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).