



SANTA BARBARA COUNTY  
DEPARTMENT OF  
**Behavioral Wellness**  
A System of Care and Recovery

**Programmatic  
Policy and Procedure**

<b>Section</b>	Psychiatric Health Facility (PHF)	<b>Effective:</b>	9/28/2016
<b>Sub-section</b>	Infection Prevention	<b>Version:</b>	1.1
<b>Policy</b>	Occupational Exposure to Communicable Diseases Other Than Bloodborne Pathogens	<b>Last Revised:</b>	DRAFT
<b>Director's Approval</b>	_____	<b>Date</b>	_____
	Alice Gleghorn, PhD		
<b>PHF Medical Director's Approval</b>	_____	<b>Date</b>	_____
	Ole Behrendtsen, MD		
<b>Supersedes:</b>	Occupational Exposure to Communicable Diseases Other Than Bloodborne Pathogens eff. 9/28/2016	<b>Audit Date:</b>	DRAFT
<b>Approvals:</b>	PHF Medical Practice Committee:		

**1. PURPOSE/SCOPE**

1.1. To ensure the appropriate care and treatment of Santa Barbara County Psychiatric Health Facility (hereafter the "PHF") health care workers (HCWs) experiencing an occupational exposure to a communicable disease when such an exposure requires medical evaluation **and may require treatment.** ~~serology studies or antibiotic prophylaxis.~~<sup>1</sup>

**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 HCWs under this policy.

**3. POLICY**

3.1. Certain communicable diseases are known to be of significance in healthcare epidemiology and infection prevention and control. Examples of such diseases include, but are not limited to, chickenpox (varicella), meningococcal disease, rubeola (measles), rubella, mumps, pertussis, scabies and pediculosis. For this reason, and to ensure a safe

<sup>1</sup> For exposures to blood and body fluids, please refer to PHF Policy "[Bloodborne Pathogen Exposure Control Plan](#)".  
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environment for HCWs and patients, it is important that appropriate follow-up and interventions be provided to exposed HCWs.

#### **4. EXPOSURE DETERMINATION AND INTERVENTION**

- 4.1. The PHF Infection Control Nurse Preventionist and the PHF Medical Practice Committee (MPC) chairperson will determine the definition of a case and the definition of the exposure. ~~the case definition for the “disease exposure” / “CONTACT” to the case.~~
- 4.2. The PHF Nursing Supervisor will assist in identifying those HCWs who have been exposed and submit a list to:
  1. ~~Sansum Occupational Medicine Clinic~~ The county-designated occupational health provider;
  2. Human Resources/Risk Management; and
  3. The ~~Contracted Pharmacy Department~~ division.
  4. If the exposed HCW is a contracted staff or vendor, the PHF Nursing Supervisor will notify the contract liaison of the exposure event.
- 4.3. The Infection Control Nurse Preventionist and/or the PHF Nursing Supervisor will inform HCWs of their exposure and the recommended intervention.
- 4.4. If the HCW is a county-hired employee, volunteer or intern, the ~~Sansum~~ county-designated occupational health provider Clinic will be responsible for the clinical management of the HCW’s exposure. The PHF MPC chairperson will advise the county-designated occupational health provider ~~Sansum Occupational Medicine Clinic~~ of the necessary interventions. If the HCW is a contracted staff or vendor, the contract liaison assumes all responsibility for the clinical management of the HCW following an exposure.
- 4.5. ~~The Pharmacist in Charge or a Pharmacy designee may dispense medications to treat HCWs following an exposure.~~

#### **ASSISTANCE**

Andra Dillard, MSN, PHN, RN, CIC, Infection Preventionist

#### **REFERENCE**

~~Centers for Disease Control and Prevention Guidelines, [www.cdc.gov](http://www.cdc.gov)  
American Journal of Infection Control 26: 289-354~~

Association for Professionals of Infection Control and Epidemiology (APIC)  
*Text of Infection Control and Epidemiology (2014), 100:1-15*

United States Department of Labor, Occupational Safety and Health Administration (OSHA) – Infection Diseases  
Accessed at: [https://www.osha.gov/SLTC/healthcarefacilities/infectious\\_diseases.html](https://www.osha.gov/SLTC/healthcarefacilities/infectious_diseases.html)

**RELATED POLICIES**

[Bloodborne Pathogen Exposure Control Plan](#)

[Employee Health Program and Infection Control](#)

**REVISION RECORD**

DATE	VERSION	REVISION DESCRIPTION
DRAFT	1.1	<ul style="list-style-type: none"> <li>• If the exposed HCW is a contracted staff or vendor, the PHF Nursing Supervisor will notify the contract liaison of the exposure event.</li> <li>• If the HCW is a contracted staff or vendor, the contract liaison assumes all responsibility for the clinical management of the HCW following an exposure.</li> <li>• The Pharmacist-in-Charge or a Pharmacy designee may dispense medications to treat HCWs following an exposure.</li> </ul>

***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).*