



THIS IS TO CERTIFY THAT

**ARROWHEAD REGIONAL MEDICAL CENTER'S
INFECTION CONTROL / EMPLOYEE HEALTH MANUAL**

HAS BEEN REVIEWED AND UPDATED

AS NEEDED

ARLETTE ROGUES Arlette Rogues RN, MSN 7/11/19
Department Manager Date

SHARON WANG WS 7/11/19
Department Chair Date

KATRINA SHELBY Katrina Shelby 7/11/19
Associate Hospital Administrator Date

NAWERE BUENAVIDEZ Nawere Buenavidez 7/11/19
Chief Nursing Officer Date

VARADARAJAN SUBBIAH Varadarajan Subbiah 7/11/19
Chief Medical Officer Date

WILLIAM GILBERT W. Gilbert 7/11/19
Chief Executive Officer Date

Curt Hagman Curt Hagman AUG 20 2019
Chair, Board of Supervisors Date

**ARROWHEAD REGIONAL MEDICAL CENTER
INFECTION CONTROL POLICY AND PROCEDURE MANUAL
2019 Summary of Policy Revisions**

Policy #	New	Major	Minor	Reviewed	Policy Title	Explanation (Major Only)
					SECTION 100 - INFECTION CONTROL PROGRAM	
101			X		AUTHORITY OF THE INFECTION CONTROL COMMITTEE	Formatting only
102			X		INFECTION CONTROL: MISSION, VISION, PHILOSOPHY AND VALUE-BELIEF SYSTEM	Formatting only
103			X		SCOPE OF INFECTION CONTROL PROGRAM	Formatting only; staffing change
104			X		EPIDEMIOLOGY HEALTHCARE PROGRAM ADMINISTRATOR	Title change: Epidemiology HPA administrator
105			X		INFECTION CONTROL PERFORMANCE IMPROVEMENT	Formatting only
106			X		INFECTION CONTROL: INTEGRATION AND COORDINATING WITH OTHER DEPARTMENTS	Formatting only
108			X		INFORMATION PRIVACY, SECURITY AND HIPPA COMPLIANCE	Removed language already in AOM policy and add reference to AOM policies
110			X		EDUCATION AND TRAINING OF EMPLOYEES IN INFECTION CONTROL	Added trainings via Healthstream
111			X		DISASTER AND EMERGENCY EVACUATION PLAN	Changed to Emergency Response Manual
					SECTION 200 - SURVEILLANCE	
201			X		INFECTION CONTROL SURVEILLANCE	Formatting only
202			X		NOTIFICATION AND SURVEILLANCE OF INFECTIONS	Formatting only, updating process and removal of attachment A

**ARROWHEAD REGIONAL MEDICAL CENTER
INFECTION CONTROL AND EMPLOYEE HEALTH POLICY AND PROCEDURE MANUAL
2019 Summary of Policy Revisions**

Policy #	New	Major	Minor	Reviewed	Policy Title	Explanation (Major Only)
203			X		OUTBREAK SURVEILLANCE	Formatting only
204			X		REPORTABLE DISEASE NOTIFICATION – PUBLIC HEALTH	Formatting only.
205			X		ANTIBIOTIC USE	DC required quarterly reporting
206			X		CENTER FOR DISEASE CONTROL AND PREVENTION/NATIONAL HEALTHCARE SAFETY NETWORK SURVEILLANCE DEFINITIONS FOR SPECIFIC TYPES OF INFECTION	Formatting only.
207			X		CENTER FOR DISEASE CONTROL AND PREVENTION/NATIONAL HEALTHCARE SAFETY NETWORK SURVEILLANCE DEFINITIONS FOR SURGICAL SITE INFECTIONS	Formatting only.
208			X		ACTIVE SURVEILLANCE CULTURES	Formatting only
					SECTION 300 - CONTROL OF INFECTIONS	
301			X		SCRUB ATTIRE – HOSPITAL PROVIDED	Formatting only
302			X		FLOWERS AND PLANTS	Formatting only
303			X		ICE MACHINES	Formatting only
304			X		FOOD BROUGHT INTO THE MEDICAL CENTER FOR PATIENTS	Formatting only
306			X		SPILLS OF BLOOD OR OTHER BODY FLUIDS: CLEANING AND DECONTAMINATION	Changed to EOC Manual
307			X		CLEANING AND SANITATION OF THE PATIENT ENVIRONMENT	Formatting only
308			X		CLEANING AND DISINFECTION OF PATIENT CARE ITEMS AND EQUIPMENT	Change cleaning of IV pumps to SPD, Cleaning and disinfection

**ARROWHEAD REGIONAL MEDICAL CENTER
INFECTION CONTROL AND EMPLOYEE HEALTH POLICY AND PROCEDURE MANUAL**

2019 Summary of Policy Revisions

Policy #	New	Major	Minor	Reviewed	Policy Title	Explanation (Major Only)
						process simplified one step process. WC cleaning- changed from transporters to healthcare workers, and between patient changed to after.
309			X		DISINFECTION AND CLEANING PRODUCTS APPROVAL PROCESS	Formatting only
310			X		GLUTERALDEHYDE – SAFE USE OF	Updated dept list. Changed to EOC Manual
313			X		EVENT RELATED SHELF LIFE AND STERILE PACKAGING	Formatting only
314			X		INFECTION CONTROL PRECAUTIONS IN HEMODIALYSIS	Added references to ARMC policies
316			X		CULTURES, ENVIRONMENTAL SAMPLING	Formatting only
318			X		POSTMORTEM HANDLING OF BODIES	Added references to ARMC policies
319			X		NEUTROPENIC PATIENTS – GUIDELINES FOR CARE (IMMUNOCOMPROMISED PATIENTS)	Formatting only
321			X		NEGATIVE AND POSITIVE PRESSURE PATIENT CARE ROOMS (ISOLATION ROOMS)	Formatting only. Mckee FHC negative pressure rooms added.
322			X		INFECTION CONTROL FOR CONSTRUCTION AND RENOVATION	Formatting only
323			X		MEDICAL WASTE MANAGEMENT PLAN	Formatting only, update reference
324			X		LINEN HANDLING, ANNUAL SITE INSPECTION OF LINEN SERVICE	Formatting only
325			X		PREVENTION OF HEALTHCARE-ACQUIRED INTRAVENOUS CATHETER RELATED	Formatting, addition of CHG bathing for all patients with CL

**ARROWHEAD REGIONAL MEDICAL CENTER
INFECTION CONTROL AND EMPLOYEE HEALTH POLICY AND PROCEDURE MANUAL**

2019 Summary of Policy Revisions

Policy #	New	Major	Minor	Reviewed	Policy Title	Explanation (Major Only)
326			X		BLOODSTREAM INFECTIONS	
327		X			PREVENTION OF SURGICAL SITE INFECTIONS	Formatting only
					PREVENTION OF CATHETER ASSOCIATED URINARY TRACT INFECTIONS	Added language and references to AOM policy 610.30 and Houdini 610.44
					SECTION 400 - ISOLATION AND PROTECTIVE PRECAUTIONS	
401			X		HAND HYGIENE	Formatting. Antimicrobial soap has been deleted, changed to "soap".
402			X		STANDARD AND ISOLATION PRECAUTIONS	Formatting only
403			X		ISOLATION PROCEDURES, GENERAL OVERVIEW	Formatting only
405			X		CLEANING THE ISOLATION ROOM	Formatting only
406			X		MULTIDRUG RESISTANT ORGANISMS (MDRO)	Formatting only
408			X		LICE, SCABIES AND NORWEGIAN (CRUSTED) SCABIES AND BED BUGS; PREVENTION OF TRANSMISSION AND OUTBREAK INVESTIGATION	Formating, deletion of reference to attachment A
410			X		CREUTZFELDT-JAKOB DISEASE PRECAUTIONS	Formatting only
420			X		BIOTERRORISM EXPOSURE CONTROL PLAN	Added references to ARMC policies
421			X		PORTABLE ANTEROOM SYSTEM AND HEPA FILTER USE AND MAINTENANCE	Formatting only
					SECTION 500- EMPLOYEE HEALTH POLICY AND PROCEDURES	

**ARROWHEAD REGIONAL MEDICAL CENTER
INFECTION CONTROL AND EMPLOYEE HEALTH POLICY AND PROCEDURE MANUAL**

2019 Summary of Policy Revisions

Policy #	New	Major	Minor	Reviewed	Policy Title	Explanation (Major Only)
500.00				X	Employee Health Services Mission and Scope of Service	
500.01				X	Employee Health Records: Information Privacy, Security and HIPAA Compliance	
501.00			X		Pre-Employment and Annual Screenings	Addition of QFT; language change pertaining to Annual Medical Staff TB screen; QFT or TB PPD test to satisfy annual TB screen requirement.
502.00			X		Occupational Exposure to Blood or Body Fluids	
502.01		X			Post HIV Exposure Protocol	Major changes reflect new procedure
503.00				X	Guidelines for Healthcare Personnel with Infectious and Communicable Disease	
504.00				X	Non-county compensated Personnel Injury and Illness, Management of	
505.00				X	Post HIV Exposure Protocol	Discontinued, replaced with EH policy 502.01
506.00			X		Exposure to Communicable Diseases	Strengthened language. Title change- deleted Airborne. Inclusion of Meningitis, Varicella and Pertussis
507.00				X	Outbreak Management of Employees with Communicable Disease Exposure	
508.00				X	Latex Allergy Program for Employees	
					SECTION 600 – BLOODBORNE PATHOGEN EXPOSURE CONTROL PROGRAM	
600			X		BLOODBORNE PATHOGEN EXPOSURE CONTROL PLAN	Formatting only

**ARROWHEAD REGIONAL MEDICAL CENTER
INFECTION CONTROL AND EMPLOYEE HEALTH POLICY AND PROCEDURE MANUAL
2019 Summary of Policy Revisions**

Policy #	New	Major	Minor	Reviewed	Policy Title	Explanation (Major Only)
					SECTION 700 - TUBERCULOSIS EXPOSURE CONTROL PROGRAM	
700		X			TUBERCULOSIS EXPOSURE CONTROL PROGRAM	Formatting only, replacement of BAMT to IGRA, updated TB skin test and TB sputum collection.
					SECTION 800 – AEROSOL TRANSMISSIBLE DISEASE PROGRAM	
800			X		AEROSOL TRANSMISSIBLE DISEASE EXPOSURE CONTROL PLAN (ATD ECP)	Formatting only.
801	X				ANNUAL EMPLOYEE INFLUENZA VACCINATION	New policy

EM Dec 2018



ARROWHEAD REGIONAL MEDICAL CENTER
Infection Control Policies and Procedures

POLICY NO. 801 Issue 1
Page 1 of 3

SECTION: AEROSOL TRANSMISSIBLE DISEASE PLAN

SUBJECT: ANNUAL EMPLOYEE INFLUENZA VACCINATION

APPROVED BY: _____
Epidemiology Healthcare Program Administrator

POLICY

- I. Arrowhead Regional Medical Center (ARMC) provides annual influenza vaccine to healthcare personnel (HCP) as vaccine is available as recommended by regulatory agencies.
 - A. Influenza vaccine is provided free of cost for HCP as outlined in Employee Health Policy 501 "Pre-employment and Annual Screenings" during flu season.
 - B. Documentation of consent/declination is recorded and tracked by the ARMC Employee Health Department per regulation in compliance with California law, Centers for Disease Control and Prevention (CDC) and the Joint Commission recommendations.
- II. Information regarding the vaccine and transmission of influenza is made available to health care workers.
- III. Exemption to influenza vaccination may be granted for documented medical contraindication (including disabilities) or religious beliefs.
- IV. Health care workers who choose to declare a medical/religious exemption or decline the vaccine:
 - A. Receive education on the importance of the annual influenza vaccination for HCPs
 - B. Sign a declination form
 - C. Are required to wear a surgical mask at all times in patient care areas or as designated by the local Public Health Department. The use of a face mask is not required in mask free zones as defined below.
- V. Hospital approved surgical masks are provided for individuals who decline immunization.
 - A. HCP receive instructions on properly donning and doffing the mask.
 - B. A properly worn mask covers the nose and mouth.
 - C. No handmade or personal masks from home are allowed.
 - D. Masks can be obtained from department managers or individual unit nursing stations.
- VI. Health care workers who receive their vaccination at a location other than their local facility must provide proof of vaccination as designated by the Employee Health Department (EHD) or he/she is required to wear a surgical mask as described above.
- VII. Department Managers and the Epidemiology Healthcare Program Administrator (EHPA) are responsible for:
 - A. Identifying and monitoring compliance
 - B. Taking corrective action when required
- VIII. ARMC employees who decline vaccination and do not wear a mask during the influenza season as defined above are subject to corrective action as determined by Human Resources.

PROCEDURES

- I. Vaccine is ordered in a timely fashion by the ARMC Pharmacy based on an assessment of patient census and number of HCP.
- II. Notification of flu season and information regarding strategies to prevent illness and availability of vaccine is made available to HCPs.
- III. *Influenza Vaccination Information & Consent/Declination* forms along with CDC's *Influenza Vaccine Information Statement (VIS)* are made available to HCPs.
- IV. The EHD manages the vaccination program in conjunction with Epidemiology and Administration
- V. Vaccination may be prioritized based on public health recommendations as indicated.
- VI. *Influenza Vaccination Information & Consent/Declination* forms are required to be returned to the EHD for data analysis.

REFERENCES:

- Employee Health Policy 501, Pre-employment and Annual Screenings
Increasing Influenza Vaccination Rates Among California Health Care Personnel, CDPH, CAHF, CHA, CMA, APIC, CAPG, 12/5/11
APIC Position Paper: Influenza Vaccination Should be a Condition of Employment for Healthcare Personnel, Unless Medically Contraindicated, 1/27/11.
TJC– Infection Control. CDC MMWR Early Release February 9 2006
Joint Commission Perspectives, June 2006, Volume 26, Issue 6.
Prevention and Control of Influenza Vaccines: Recommendations of the Advisory Committee on Immunization Practices (ACIP), 2012, MMWR 2012 Aug 17; 61 (32); 613-618
CDC. (2013). Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices — United States, 2013–2014. Retrieved from:
http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6207a1.htm?s_cid=rr6207a1_w
CDC. (2011). Immunization of health care personnel: recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR. Retrieved from:
<http://www.cdc.gov/mmwr/pdf/rr/rr6007.pdf>
CDC. (2006). Influenza Vaccination of Health care Personnel: Recommendations of the Health care Infection Control Practices Advisory Committee (HICPAC) and the Advisory Committee on Immunization Practices (ACIP). Retrieved from:
<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5502a1.htm>
The Joint Commission (TJC). (2014). Hospital Accreditation Standards, IC.02.04.01 – annual influenza vaccination program.

DEFINITIONS:

Healthcare Personnel (HCP) – all paid and unpaid persons working in the hospital campus settings (including off-site locations) including but not limited to staff, medical staff, volunteers, students, contracted, registry and vendors.

Off-Site Locations – Include but are not limited to outpatient clinics and Family Health Centers (FHC).

Influenza Season – October 1 through March 31.

Masking Timeline: The masking period is defined as one month after the start of the influenza season and ends March 31st (local Public Health Department may extend this timeline beyond March 31st). If a vaccine is administered after the start of the masking period, the health care personnel must wear a mask for 14 days in order for the vaccination to take effect.

Campus of the Hospital: The main Hospital and Rehabilitation Campuses and all structures even if they are not contiguous to the main building.

Patient Care or Clinical Area: Includes the physical or recognized borders of inpatient and outpatient areas where patients are seen, evaluated, treated, or wait to be seen.

Mask-Free Zones: The mask-free zone is limited to the main lobby, hospital cafeteria, break rooms, private administrative offices or designated areas as defined by the facility. Masks are not required when eating in the cafeteria or break room, or when alone in a private administrative office.

ATTACHMENTS:

N/A

APPROVAL DATE:

_____ Policy, Procedure and Standards Committee

_____ Applicable Administrator, Hospital or Medical Committee

_____ Board of Supervisors

_____ Approved by the Governing Body

REPLACES:

EFFECTIVE:

REVISED:

REVIEWED:
