



Ensuring Staff Safety: A Comprehensive Guide to Employee Health Programs and Infection Control

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Learning Objectives



- Understand the difference between State, CDC and Medicare requirements as they are related to Employee Health
- Describe what should be included in an Employee Health Program
- List TB Program requirements for the ASC



Regulations & Standards



Regulations & Standards

CMS Conditions for Coverage



§416.51: The ASC must maintain an infection control program that seeks to minimize infections and communicable diseases

- Provide a functional and sanitary environment for surgical services, to avoid sources and transmission of infections and communicable diseases;
- The ASC's infection control program must include actions to prevent, identify and manage infections and communicable diseases



Regulations & Standards

CfC Interpretive Guidelines



ASC staff-related activities:

- Evaluating ASC staff immunization status for designated infectious diseases, for example, as recommended by the CDC and its Advisory Committee on Immunization Practices (ACIP);
- Policies articulating the authority and circumstances under which the ASC screens its staff for infections likely to cause significant infectious disease or other risk to the exposed individual, and for reportable diseases, as required under local, state, or federal public health authority;



Regulations & Standards

CfC Interpretive Guidelines



ASC staff-related activities:

- Policies articulating when infected ASC staff are restricted from providing direct patient care or required to remain away from the facility entirely;
- New employee and regular update training in preventing and controlling healthcare-associated infections and methods to prevent exposure to and transmission of infections and communicable diseases; and
- Methods to evaluate staff exposed to patients with infections and communicable diseases.



Regulations & Standards

AAAH



Saf 250: Health care workers are protected from biologic hazards, consistent with prevailing laws and regulations and nationally recognized guidelines.

- Must comply with all applicable OSHA standards
- Include a written exposure plan
- An immunization program offered to all staff based on the ICRA
- TB detection program
- Includes Hep B Immunizations
- Staff training in hazards to health



Regulations & Standards

TJC

- Staff comply with applicable health screening as required by law and regulation or organization policy. Health screening compliance is documented.
- **IC.02.03.01:** The organization makes screening for exposure and/or immunity to infectious disease available to staff who may come in contact with infections at the workplace and follow up care.
- **IC.02.04.01:** Annual Influenza Vaccination Program



Regulations & Standards

Quad A



- **11-H-5:** Employee records contain health history and problems
- **11-H-10:** Each employee record contains on-going records of inoculations or refusals according to State law.
- **11-I-1:** Each employee has documentation of annual hazard safety training, BBP training



Regulations & Standards

ACHC



- Evaluation of immunization status for specific infectious diseases.
- Policies articulating the authority and circumstances under which the ASC screens personnel for infections likely to cause significant infectious disease or other risks to the exposed individual, and for reportable diseases, as required under local, state, or federal public health authority.
- Policies articulating when infected ASC personnel are restricted from providing direct patient care or required to remain away from the facility entirely.



Regulations & Standards

ACHC



- Training for new personnel and regular updates to training for preventing and controlling health care-associated infections and methods to prevent exposure to and transmission of infections and communicable diseases.
- Mechanisms to evaluate personnel and patient exposure to infections and communicable diseases.
- **Post-Exposure Protocol**



Employee Health Program



Employee Health Program should include



Pre-employment
screening and
onboarding



Vaccinations



Identification of
workplace hazards



Workplace injury/
illness prevention



Post injury/
exposure/ illness
management



Documentation
and reporting
of injury/ illness



Workplace Violence
Program



Workplace Occupational Exposure

Identify specific workplace hazards

- Obstructions
- Falls/trips/lifting
- Burns
- Elevators/stairs
- Electrical hazards
- Kitchen areas
- Video displays – light/proper body mechanics
- Smoking rules
- Needle sticks/BBP exposure



Workplace Occupational Exposure Prevention Plan for Possible Exposure

What strategies can be implemented either by the employee or management to decrease the hazards that you identify?

- Keeping walking space free of clutter
- Covering cords in the OR
- Teaching proper body mechanics
- Proper pushing/lifting techniques
- Proper equipment available to maneuver patients and equipment



Workplace Occupational Exposure Prevention Plan for Possible Exposure

Must include training of staff.

Must be specific to facility.

Example

GI centers with HLD: spill drill and education on safety precautions



Workplace Occupational Exposure Prevention Plan for Possible Exposure

- Physical Injuries
- Illness return to work protocol
- Hazardous Material exposure
- Bloodborne pathogen exposure and training:
 - eSupport online course available for training
 - Policy for post exposure prophylactic treatment where do they go



Workplace Occupational Exposure Prevention Plan for Possible Exposure

Documentation

- Should be documented and kept per local OSHA guidelines
- Should also be documented as part of your risk management program



Employee Health File

Inclusions and Considerations

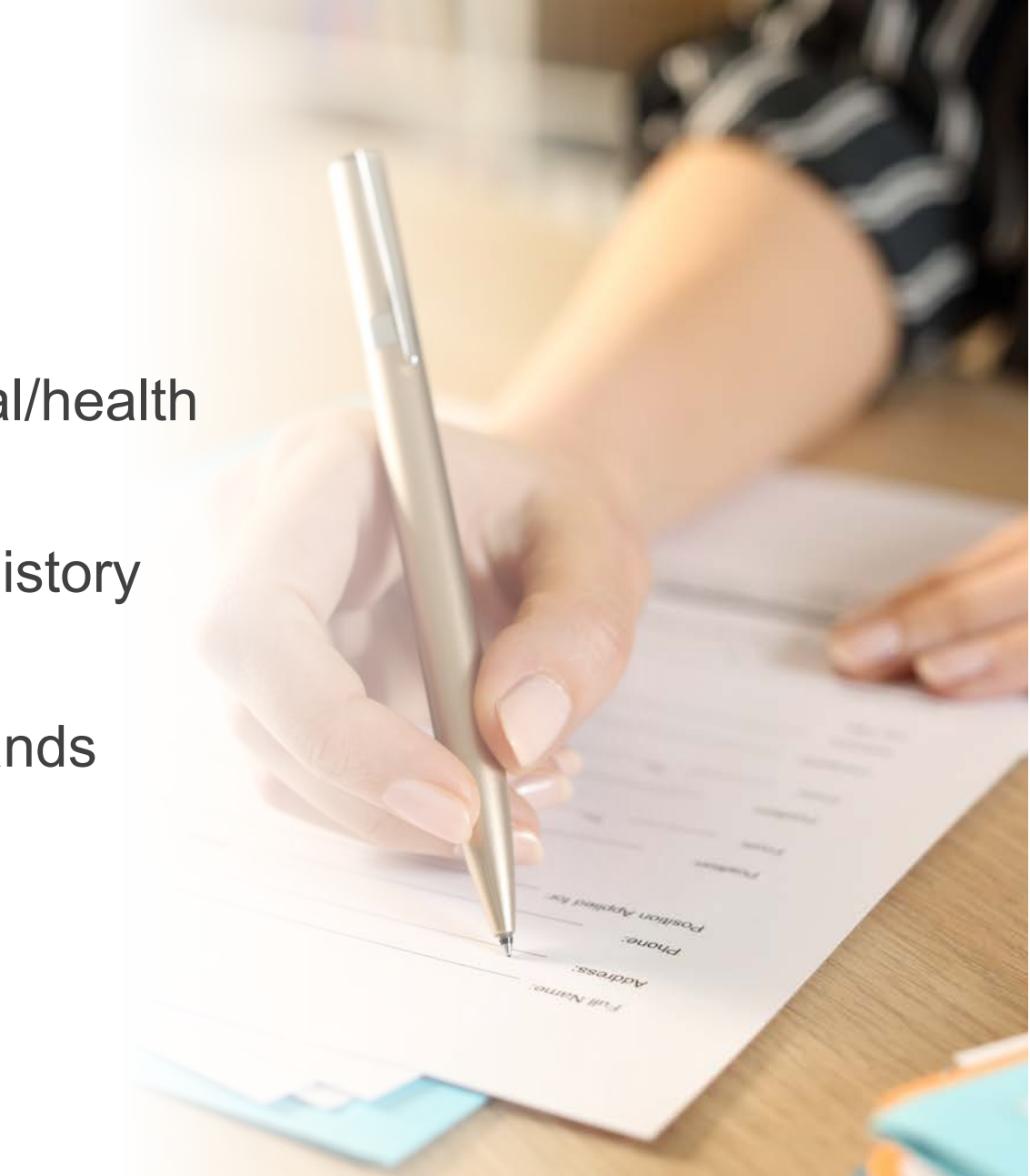
- On every employee and provider
- Contents dependent on state regulations
- Keep separate from employee file
- Record of inoculations



Health History and Screenings

Upon Hire

- Some states require a history and physical/health clearance by a physician
- All employees should complete a health history questionnaire
- Should include job specific physical demands acknowledgement



Notice of BBP Exposure Risk

Classifications based on the level of exposure to potentially infectious materials like blood or body fluids

Class 1	High Exposure Risk	Workers are at high risk of exposure to BBPs
Class 2	Moderate Exposure Risk	Workers may not have routine contact with blood but might encounter it through certain tasks or emergencies



Vaccinations



Hepatitis B

- Should be offered to all employees
- Can send an employee out to receive series (at the cost of the ASC) or provided at the ASC
- If the employee has already had it, provide proof
- Sign a declination and include in file



**2-dose series
Heplisav-B**

OR

**3-dose series
Engerix-B
OR Recombivax HB**

OR

**3-dose series
Twinrix vaccine**
(prevents both hepatitis A and B)

For HCP who perform tasks that may involve exposure to blood or body fluids, obtain antibody serology 1–2 months after final dose.



Influenza

- **Annual October - March:** provide the Influenza vaccine to all staff
- Staff may sign a refusal
- Document a consent/declination and provide education
- Proof of vaccine administration must be on file if they get it from an outside facility

TJC requires an annual influenza goal to improve influenza vaccination rates and have leadership support.





COVID-19

- *If requiring*, have proof of vaccination
- Informed consent/declination
- ASC-20 requires reporting of the most recent, up to date COVID-19 vaccination
- Have policies in place

The CDC recommends that facilities encourage everyone to remain up to date with all recommended COVID-19 vaccine doses. Meaning ASC healthcare personnel should be offered resources and counseling about the importance of receiving the COVID-19 vaccine.



Other CDC Recommended Vaccines

Documentation of Vaccination or Titer

MMR	For HCP born in 1957 or later without serologic evidence of immunity or prior vaccination, give 2 doses of MMR, 4 weeks apart.
Varicella <i>chickenpox</i>	For HCP who have no serologic proof of immunity, prior vaccination, or diagnosis or verification of a history of varicella or herpes zoster (shingles) by a healthcare provider, give 2 doses of varicella vaccine, 4 weeks apart.
Tdap <i>Tetanus, diphtheria, pertussis</i>	Give 1 dose of Tdap as soon as feasible to all HCP who have not received Tdap previously and to pregnant HCP with each pregnancy. Give Td or Tdap boosters every 10 years thereafter.



Tuberculosis



Baseline TB Screening & Testing

ALL EMPLOYEES complete a baseline individual risk assessment and symptom screening questionnaire

- **Upon Hire:** 2 step TB testing
 - 1st test upon hire
 - 2nd test 1-3 weeks later
- **Negative TB test in the past year:** only 1 TB test
- **Alternatives to TB testing:** QuantiFERON blood test



HCP with Prior Positive TB Test Result

- HCP receive an individual TB risk assessment and TB symptom screen upon hire
- Repeating the TB test is not required
- Receive a chest x-ray or provide documentation of a normal chest x-ray
 - Repeat chest x-rays are not required unless HCP develop signs or symptoms of TB or are currently being treated for TB
- Local or state regulations may require certain documentation
 - Contact your state TB Program for the regulations in your state
- Annual TB symptom screen
- Encourage treatment for latent TB infection



Ongoing TB Program

Most states have adopted the CDC requirements, not annual testing.

Depends on facility TB Risk Assessment

Notify your local health department immediately if TB disease is suspected.



Respiratory Protection Program

May need depending on specialty or hazardous materials used in the facility.

- Some GYN
- GI dependent on HLD

Program should identify:

- ✓ what kind of respirators are provided
- ✓ when, and how to wear them
- ✓ include Fit Testing and training for staff



eSupport > Human Resources > Employee Health Files

Available to
eSupport
Members

- Employee Health Forms (Examples)
- Informed Consent / Declination Form
- Influenza Vaccine Tracking Logs



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HR: EMPLOYEE HEALTH FILES

Employee medical records are considered confidential and are maintained in a file separate from the employee's personnel file. Employee Health Files may include, but not be limited to the following documents:

- Employee Health Physical or Employee Health Clearance, if required
- Employee Health Questionnaire
- Evidence/Documentation of PPD (upon hire – see below TB Screening & Testing section for more information)
- Evidence/Documentation of Annual Influenza Vaccine
- Vaccination Documentation or a Titer of the following per CDC Recommendations:
 - COVID-19
 - Hepatitis B
 - Measles, Mumps, Rubella (MMR)
 - Varicella (unless employee has documented history of disease)
 - Tetanus/Diphtheria/Pertussis (Td/Tdap)

Download examples of Employee Health Forms with the link below

- Employee Physical Exam
- Employee Health Questionnaire
- Employee Health Clearance

[Employee Health Forms \(Examples\)](#)

SEARCH

HUMAN RESOURCES

[Personnel Files](#)

[Employee Health Files](#)

[Orientation & Education](#)

[Salary Survey](#)

[Performance Appraisal](#)

[Employee Satisfaction Survey](#)

[HR Policies](#)

HELP



Compliance & Operations > Policies & Procedures > OSHA

Available to
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- Employee Health Program
- Work Related Injury/Illness Documentation
- Workplace Violence Prevention Program



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P&P: OSHA

 CLICK LINKS BELOW TO DOWNLOAD

-  [Criteria to Select Safety Devices](#)
-  [Employee Health Program](#)
-  [Eye Wash Stations](#)
-  [Hazard Communication Program](#)
-  [Notice of Bloodborne Risk Classification](#)
-  [Regulated Waste](#)
-  [Safety Blade Evaluation Form](#)
-  [Work Related Injury/Illness Documentation](#)
-  [Workplace Violence Prevention Program](#)

SEARCH 

POLICIES AND PROCEDURES

- [P&P Overview](#)
- [P&P Recent Updates](#)
- [Administration](#)
- [Anesthesia/Medication Management](#)
- [Human Resources](#)
- [Infection Control](#)
- [Nursing](#)

OSHA

- [QAPI](#)
- [Safety](#)



eSupport > Infection Control > COVID-19 & Influenza

Guidance on Prevention, Policies & Procedures, and CDC Recommendations

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COVID-19 & INFLUENZA

COVID-19 & INFLUENZA: OVERVIEW

Healthcare-associated respiratory viral infections can occur in any healthcare setting, especially when these viruses are present in the surrounding population. Influenza and COVID are spread through large particle respiratory droplet transmission via coughing and sneezing within six feet of a susceptible individual. Indirect contact with contaminated surfaces or airborne transmission via small particle aerosols when within proximity to a susceptible host may also occur. While there are many similarities between the two viruses, the vaccinations and treatment for Influenza and COVID are different.

PREVENTION

According to the CDC, the core prevention strategies include:

Administration of Vaccinations

- may be offered at the facility or staff may be encouraged to get vaccinated by their PCP or in the community
- consider staff incentives for getting vaccinated
- obtain copies of vaccination records
- follow facility protocol
- implementation of respiratory hygiene and cough etiquette

SEARCH 

INFECTION CONTROL

- Infection Control Overview
- Infection Control Coordinator
- Infection Prevention & Investigation
- Hand Hygiene
- Surgical Eye Prep
- Instrument Decontamination and Sterilization
- Environmental Sanitation
- Tuberculosis Control Program
- Vaccine Storage and Handling
- Water Quality ST108
- Scope Processing
- Infection Control Resources

COVID-19 & Influenza

 HELP



eSupport > Infection Control > Tuberculosis Control Program

- Tuberculosis Control Program
- TB Risk Assessment

Available to
eSupport
Members



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INFECTION CONTROL: TUBERCULOSIS CONTROL PROGRAM

Every facility should have a Tuberculosis (TB) Control Program as part of the Infection Control Plan. This is designed to provide all health care personnel (HCP) with information, guidelines and policies designed to prevent exposure to the tuberculosis bacteria.

RISK CLASSIFICATION

Most ASCs are considered low risk because they do not anticipate encountering patients with TB disease and less than three TB cases are identified in the venue within a year. This is based on the CDC's 2005 prevention guidelines (see link below) which has not been updated since then.

[CDC | Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Health-Care Settings \(2005\)](#)

Every facility should check with their local TB Control Office to ensure there are not different requirements than what the CDC recommends. Find your office using the directory linked below.

[CDC | TB Control Office Directory](#)

FACILITY TB RISK ASSESSMENT

The TB Risk Assessment Worksheet should be completed and approved by the Governing Body. This should be reviewed and updated on an annual basis.

SEARCH 

INFECTION CONTROL

- Infection Control Overview
- Infection Control Coordinator
- Infection Prevention & Investigation
- Hand Hygiene
- Surgical Eye Prep
- Instrument Decontamination and Sterilization
- Environmental Sanitation

Tuberculosis Control Program

- Vaccine Storage and Handling
- Water Quality ST108
- Scope Processing
- Infection Control Resources
- COVID-19 & Influenza

HELP 



Questions?





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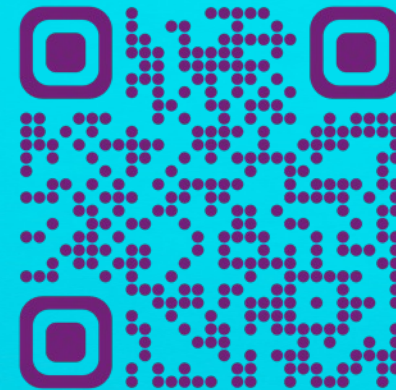
RUNNING AN ASC CAN BE OVERWHELMING





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A place to **connect, support,**
and **network** with other ASC
managers all over the country.



CE Credit

VMG Health is approved by the California Board of Registered Nurses, Provider #17841 and BASC, Provider #1016.



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CASC	1 AEU
CAIP	1 IPCH



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DATE		CE	WEBINAR TOPIC	SPEAKER
JUL 21	20		Incident Reporting: From Documentation to Prevention	Crissy Benze MSN, BSN, RN <i>VMG Health</i>
AUG 25	60	RN, CASC	Streamlining Communication from ASC to Clinic, Part 2: Improving Postoperative Communication	Apryl McElheny, MBA, MSN, RN, CASC, CIC Laurie Brown, MBA, COMT, COE, CPC <i>VMG Health</i>
SEP 29	20		Hot Topics in Pharmacy Compliance for the ASC	Nick Bockmann, Pharm.D. <i>The Fawks Company</i>

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