

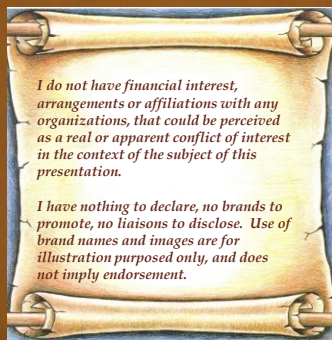


INFECTION PREVENTION STRATEGIES
FOR
AMBULATORY SURGERY CENTERS

Employee Health & Communicable Diseases in the workplace

Deborah Ellis, PhD, MSPH, MT(ASCP), CIC
Corporate Manager of Infection Prevention
and
Employee Health

Disclosures



Objectives

- 14 CDC vs OSHA vs Regulating & Accrediting Agencies
- 14 OSHA Law/Standards/Regulations
- 14 Regulating and Accrediting Agencies
- 14 Elements of an employee health program that should be included in your Infection Prevention Plan
- 14 Guidelines for immunization and screening of healthcare personnel (HCP)
- 14 High Risk Communicable Diseases for HCW
- 14 Identify post-exposure interventions to follow
- 14 Take away point
- 14 Resources

Recommendations vs Standards vs Regulations







Regulating/Accrediting Agencies





Centers for Disease Control and Prevention (CDC)

- ca Centers for Disease Control and Prevention
- ca Makes recommendations but does *not* make laws
- ca Publishes Best Practice
 - ca The Healthcare Infection Control Practices Advisory Committee (HICPAC)
 - ca Advisory Committee on Immunization Practices (ACIP)
 - ca National Institute for Occupational Safety and Health (NIOSH)
 - ca Conducts Health and Safety Research

Agency for Healthcare Research and Quality (AHRQ)

- ca Conducts Research – US Department of Health and Human Services

Mission is to produce evidence to make health care safer, higher quality, more accessible, equitable, and affordable, and to work within the *U.S. Department of Health and Human Services* and with other partners to make sure that the evidence is understood and used.

Occupational Safety and Health (OSHA)

- OSHA – US Department of Labor
 - The Occupational Safety and Health (OSHA) Act of 1970
 - Included any healthcare organization that delivers services to the public
 - OSHA's mission – safe working conditions, not endanger workers health by:
 - Workplace safety standards
 - Employer sponsored education
 - Requires employers to keep records regarding job-related and safety and health matters

OSHA Regulations/Laws

- OSHA's Bloodborne Pathogens standard (29 CFR 1910.1030)
- OSHA's Personal Protective Equipment standard (29 CFR 1910.132)
- Respiratory Protection standard (29 CFR 1910.134)
- OSHA's TB compliance directive
- General Duty Clause of the OSH Act.
- OSHA's *Infectious Regulatory Standard* – under review

Accrediting Agencies for Ambulatory Surgical Centers

- The Joint Commission - Deemed status
- Accreditation Association for Ambulatory Health Care (AAAHC) - Deemed status
- American Association for Accreditation of Ambulatory Surgery Facilities (AAAASF) – Deemed Status
- American Osteopathic Association – AOA – Deemed Status
- Medicare - CMS Standards

Healthcare Personnel (HCP) or Healthcare Worker (HCW)



Defined as:

All persons, paid and unpaid, working in health care settings who have the potential for exposure to patients and/or to infectious materials, including body substances, contaminated medical supplies and equipment, contaminated environmental surfaces, or contaminated air. This includes persons not directly involved in patient care (e.g., clerical, house-keeping, and volunteers) but potentially exposed to infectious agents that can be transmitted to and from HCP and patients.

HCW Increase Risk



- HCW ~ 11.7 million (2013) classified as HCW continue to increase
- Healthcare-related settings is increased potential for exposure to infectious agents due to the populations being served or the materials being handled
- Occupational exposure to infectious agents is higher for HCW (7.6/100 HCW, according to BLS)

Employee Health




This presentation will focus on Communicable diseases

Communicable Disease

- Diseases that are spread from one person to the other.
- Diseases that are "catching"
- Diseases that are caused by germs or pathogens.

Examples of pathogens include: viruses, bacteria, parasitic worms and fungi.



CMS



64 Infection Prevention Standards – Broad standard

Reduce the risk of the transmission of infections

64 National Healthcare Safety Network (NHSN)

Report Influenza Vaccinations in HCP (2015)

Operational Guidance for Ambulatory Surgical Centers to Report Healthcare Personnel (HCP) Influenza Vaccination Data to CDC's National Healthcare Safety Network (NHSN) for the Purpose of Fulfilling CMS's Ambulatory Surgical Center Quality Reporting (ASCQR) Program Requirements

Infection Prevention Program



64 CMS Requirement

64 All health care facilities are required by to have an Infection Prevention Program.

64 Goals of an Infection Prevention Program

- 64 Protect Patients
- 64 Protect Workers
- 64 Promote zero infections
- 64 Ensure compliance with regulations

Employee Health



Employee Health falls under these standards, and should be included in your IP program.



Employee Health Programs

Employee Health Programs minimize health problems amongst employees by:

- Reducing absenteeism
- Reducing turn over
- Reducing medical cost
- Increase productivity



Elements of an Employee Health Program

- A collaborative relationship with the infection prevention program
- Post-job offer health screening
- Annual influenza vaccination program
- Annual TB screening program
- Management of occupational exposures
- Maintenance of records and confidentiality (HIPAA)

Categories of an EH Program

Onboarding

- New Hires
- Medical Clearance
- Health Assessment
- Physical Exams
- TB Screening
- Screening for vaccine preventable diseases
- Education on safety practices

Annually

- All staff
- Usually stipulated by oversight agency
- Education on safety practices
- Immunization
 - Seasonal Flu
- Fit-testing

Post Exposure

- System in place for:
 - Post Exposure Assessment
 - Post Exposure Testing
 - Post Exposure Prophylaxis (PEP)
 - Treatment
 - Counseling
 - Return from international travel to endemic areas

Standard Precautions



- The foundation for preventing transmission of infectious agents during patient care in all healthcare settings.
- Bloodborne Pathogens HIV, Viral Hepatitis, etc.

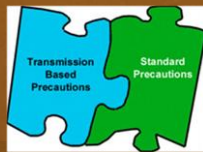


- Other Communicable Diseases not covered by Bloodborne pathogens

Modes of Transmission of Communicable Diseases



- Direct – Person-to-person
- Indirect – Contact with contaminated objects
- Droplet – Large Particles suspended in air (3-6 feet)
- Airborne – Small particles





Onboarding



Medical Clearance
Physical Exams
Immune Status

Physical Exam Medical Clearance



- ❑ Determines Fit for Duty
- ❑ Discloses any limitations
- ❑ Cannot be excluded because health disclosure
- ❑ Records kept separate from HR files

Immune Status



- ❑ Provide evidence of immunity
 - ❑ Serologic test (titers) indicating immunity
 - ❑ Documentation of vaccination
 - ❑ Mumps
 - ❑ Measles (Rubeola)
 - ❑ Rubella (German Measles)
 - ❑ Varicella
 - ❑ Tetanus, Diphtheria, Pertussis
 - ❑ Hepatitis B (required)
 - ❑ Hepatitis C (suggested)
 - ❑ TB screening



Best Done During Onboarding



- ❑ Screening and establishing immune status
 - ❑ Minimize post exposure investigation
 - ❑ Unnecessary post exposure prophylaxis
 - ❑ Minimize furlough during period of communicability
 - ❑ You know status of employees during periods of outbreaks (which sometimes causes panic)
 - ❑ Determining immunity status post exposure is limiting.
 - ❑ You may not know there has been an exposure before your PEP window closes, or period of communicability window opens.

State Laws



HCP Vaccinations

- Hepatitis B
- Pneumococcal
- Influenza
- Chickenpox
- MMR



References at end of presentation Link to CDC on State Laws for each state

MMR Considerations



- Adults born after 1957 and HCWs born before 1957 without immunity:
 - Should consider vaccinating personnel with 2 doses of MMR at the appropriate interval (Measles, Mumps) and 1 dose Rubella
 - During outbreaks, healthcare facilities should recommend workers receive 2 doses of MMR (Measles, Mumps) and 1 dose Rubella
 - Second dose of MMR recommended for HCWs
 - Documentation of vaccination (2 dose mumps and measles, 1 dose rubella)
 - Laboratory evidence of immunity
 - Documentation of physician-diagnosed measles or mumps

Tetanus, Diphtheria, and Pertussis (Td/Tdap)



- Tetanus, Diphtheria, Pertussis
 - Valid documentation of Tdap vaccination
- Tdap should replace a single dose of Td for adults who have not received Tdap (can now be given if > 64)
- Tdap for unvaccinated pregnant women (preferably during the third or late second trimester), close contacts of infants aged < 12 months, HCWs
- Direct patient care HCWs: interval = 2 years since Td suggested, but can be shorter

Varicella/Herpes Zoster (Shingles)

- ❑ Serologic evidence of varicella immunity
- ❑ Valid documentation of two doses of varicella vaccine
- ❑ Receipt from a health care provider of (a) diagnosis of chickenpox or herpes zoster (shingles) or (b) verification of a history of chickenpox or herpes zoster (shingles)
- ❑ *Workers susceptible to varicella should not be assigned to care for patients with chickenpox or with disseminated herpes zoster unless they complete varicella vaccination*

Tuberculosis (TB)

- ❑ TB Exposure Control Plan is required by OSHA
 - ❑ TB Risk Assessment for your facility
 - ❑ Baseline testing of all at risk employees upon hire
 - ❑ Annual testing of all at risk employees
 - ❑ Administrative/Engineering Controls
 - ❑ Work Practice Controls
 - ❑ Respiratory Protection Program – Fit Testing



Tuberculosis (TB)

- ❑ Current requirements for ASCs classified as low risk are as follows:
 - ❑ All health care workers should receive baseline TB screening upon hire
 - ❑ Documentation of baseline TB screening
 - ❑ 6 weeks of the date of hire, or
 - ❑ Date of executed contract or
 - ❑ Date of being granted ASC credentials
- ❑ One chest radiograph result to exclude TB disease (or an interpretable copy within a reasonable time frame*)
 - ❑ Health care workers with a baseline positive or newly positive test result for M. tuberculosis infection, or
 - ❑ Documentation of treatment for latent TB infection (LTBI) or
 - ❑ Previous treatment of TB disease

*Repeat radiographs are not needed unless symptoms or signs of TB disease develop or unless recommended by a clinician



Hepatitis B



Hepatitis B

- ☞ Vaccine: Staff whose jobs involve tasks with potential exposure to bloodborne pathogens.
 - ☞ Within 10 working days
 - ☞ Free of charge
- ☞ Series of three immunizations (2 doses 4 weeks apart; third dose five months after second dose)
- ☞ Signed consent form will be signed prior to beginning the immunization series, or
- ☞ Signed declination form will be completed - vaccinated at any time in the future
- ☞ Post-vaccination titers are done 6 to 8 weeks following the completion of the vaccine series. Once seroconversion is established, no further antibody testing is currently recommended*.

*Refer to published recommendations for process to follow for employees who have negative post-vaccination titers.

Hepatitis C



Hepatitis C

- ☞ Not required as part of employee health.
But recommended screening for all baby boomers



Diagnoses reportable to Employee Health



- | | |
|---|--|
| ☞ Varicella/Herpes Zoster | ☞ Pink eye/Conjunctivitis (Viral or Bacterial) |
| ☞ Gastroenteritis (viral or bacterial) | ☞ Resistant organisms infections (MRSA, VRE) |
| ☞ Salmonella, Shigella | ☞ Rubella, active |
| ☞ Draining wound caused by Staphylococcus aureus (both MRSA/MSSA) | ☞ Rubella, if you have been exposed and not had rubella |
| ☞ Hepatitis A | ☞ Scabies |
| ☞ Herpes simplex on the hand like a cold sore on the hand | ☞ Shingles |
| ☞ Impetigo | ☞ Shingles, if you have been exposed and not had chicken pox |
| ☞ Influenza | ☞ Strep Throat caused by Group A |
| ☞ Lice | ☞ Streptococcus |
| ☞ Measles | ☞ Tuberculosis (TB) |
| ☞ Mumps, active | ☞ Anthrax |
| ☞ Mumps, if you have been exposed and not had mumps | ☞ Bots caused by Staphylococcus aureus (Staph) |
| | ☞ Brucellosis |
| | ☞ Diphtheria |
| | ☞ Leprosy (Hansen disease) |
| | ☞ Meningitis caused by Neisseria meningitis |
| | ☞ Typhoid Fever |
| | ☞ Whooping cough |

Annually



TB Screenings
Bloodborne Pathogens Education
Needle Safety
Flu Vaccines

Annual Education



☐ TB

- ☐ Follow-up screening for all employees
- ☐ Negative - PPD/QFT
- ☐ Positive - initial chest x-ray
- ☐ Signs and Symptoms (NV requires assessment)

☐ Annual Education - Documented

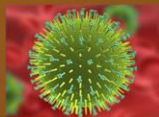
- ☐ Bloodborne Pathogens
- ☐ Needle Safety

Influenza Vaccination



☐ Educate LIPs and staff

- ☐ Influenza vaccine
- ☐ Non-vaccine control and prevention measures
 - ☐ Promote cough etiquette
 - ☐ Mandatory masking through out flu season
- ☐ Transmission impact in ASC
- ☐ Declination reasons
- ☐ Improve vaccination rates
 - ☐ Mandatory vs Voluntary



Post Exposure



If suspected of having an infectious disease or being exposed to an infectious disease that places others at risk, must have a system to provide or refer LIPS/staff for assessment, potential testing, prophylaxis/treatment or counseling.

Exposure Determination



- ❑ Verify the diagnosis and patient infectivity
- ❑ Determine if PPE worn by healthcare workers (HCWs)
- ❑ Identify the exposed HCWs
- ❑ *Determine if the individual is susceptible*
- ❑ Determine appropriate disease specific post exposure follow-up
- ❑ Always use as a "teachable moment"

Blood & Body Fluids Exposures Lab Work



Exposed Employee

- ❑ Immediately (within 72 hours)
 - ❑ Hep B surface antibody
 - ❑ Hep C antibody
 - ❑ HIV
- ❑ Repeat at 6 and 12 weeks
- ❑ 6 months based on source patient lab results

Source patient

- ❑ Hep B surface antigen
- ❑ Hep C antibody
- ❑ HIV standard or rapid

Post Exposures



Tuberculosis (TB)

- ❑ Initial test at time of exposure
- ❑ Repeat 10-12 weeks post exposure
- ❑ Employee monitor for S&S onset

Chickenpox/Shingles

- ❑ Determine Immune status
- ❑ Offer vaccine if indicated within 5 days after exposure
- ❑ Incubation is 10-21 days (average 14-16)
- ❑ Period of communicability 1-2 days before the appearance of rash, and ends when all lesions are crusted.
- ❑ Herpes zoster patients are contagious while they have active, vesicular lesions (usually 7-10 days).

* Great Resource to determine , incubation period, period of communicability and PEP
Control of Communicable Disease Manual (Heymann) by the American Public Health Association

Administrators



Facility administrators should also assure that facility policies and procedures address Employee Health needs including vaccination of HCP, management of exposures or infections in personnel requiring post-exposure prophylaxis and/or work restrictions, and compliance with OSHA bloodborne pathogen standards.

Conclusion



Employee Health Program

Play important role as part of controlling the risk of infections, assuring patient safety and safe work environment

References and Resources



- Guide to Infection Prevention in Outpatient Settings
http://www.cdc.gov/HAI/prevent/prevent_pubs.html
- Immunization of Health-Care Workers: Recommendations of the Advisory Committee on Immunization (available at:
<http://www.cdc.gov/mmwr/preview/mmwrhtml/00050577.htm>)
- OSHA Bloodborne Pathogens and Needlestick Prevention
<http://www.osha.gov/SLTC/bloodbornepathogens/index.html>
- Standard Precautions in ambulatory surgical centers is available at:
http://www.cms.gov/manuals/downloads/som107_exhibit_351.pdf

References and Resources



- Occupational Management of Communicable Diseases
<http://ipc.gov.ns.ca/sites/default/files/OccupationalManagementofCommunicableDiseasesExposureandIllness.pdf>
- Control of Communicable Disease Manual (Heymann) by the American Public Health Association
- OSHA Communicable Diseases in the Healthcare setting
https://www.osha.gov/SLTC/healthcarefacilities/infectious_diseases.html
- http://oregonpatientsafety.org/docs/tools/6.00_ASC_Employee_Health.pdf

References and Resources



- OSHA's Infectious Disease Regulatory Framework
<https://www.osha.gov/dsg/id/index.html>
- State Immunization Laws for HCP
<http://www2a.cdc.gov/vaccines/statevaccs/App/AssessmentbyPatientType.asp?PatientType=Ambulatory%20Care%20Facilities%20Employees>
- Ambulatory Surgery Centers Influenza Reporting
<http://www.cdc.gov/nhsn/pdfs/cms/operational-guidance-asc-hcp-fiu.pdf>
- CMS Surveyor's Worksheet
https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107_exhibit_351.pdf
