



KERN HEALTH SYSTEMS POLICY AND PROCEDURES			
Policy Title	Infection Control Program	Policy #	2.20-P
Policy Owner	Quality Improvement	Original Effective Date	08-2021
Revision Effective Date	11-2024	Approval Date	02/07/2025
Line of Business	<input checked="" type="checkbox"/> Medi-Cal <input type="checkbox"/> Medicare <input type="checkbox"/> Corporate		

I. PURPOSE

To define the process by which Kern Health Systems (KHS) will monitor contracted provider sites to ensure they actively participate in an effective infection control program for the surveillance, prevention, and control of infections and improving patient care through prompt reporting to the appropriate county agencies, and at a minimum on an annual basis provide staff education to prevent the spread of infection.

II. POLICY

- A. It is the policy of KHS that contracted facilities and provider sites maintain an infection control program that meets the minimum guidelines listed by California Code of Regulations Title 22 and Title 8: Cal/OSHA, 29 California Federal Register 1910.1030 OSHA Inst.
- B. Additionally, provider offices shall have provisions for employees who have an exposure incident as described by the OSHA Standard for Bloodborne Pathogens.
 1. Exposure incidents include needlesticks and any specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials. Reporting an exposure incident enables the employer to evaluate the circumstances surrounding the exposure incident to prevent reoccurrence.
 2. All exposure incidents must be documented, reported, and investigated with a medical evaluation and appropriate follow-up.
- C. KHS contracted provider site personnel are required to apply the principles of “Standard Precautions” (CDC, 1996) used for all patients regardless of infection status. Standard precautions apply to blood, all body fluids, non-intact skin, and mucous membranes, which are treated as potentially infectious for Human Immunodeficiency Virus (HIV), Hepatitis B Virus (HBV), Hepatitis C Virus (HCV), and other blood borne pathogens. “Universal precautions” refers to the

OSHA mandated program that requires implementation of work practice controls, engineering controls, blood borne pathogen orientation/education, and record keeping in healthcare facilities.

D. KHS will monitor provider compliance with infection control practices through the following procedures:

1. The Facility Site Review Process Refer to P&P 23.21-P Titled “Facility Site Review”
2. Investigation of Grievance and Complaints
3. Special QI Project Studies

III. DEFINITIONS

TERMS	DEFINITIONS
Facility Site Review (FSR) Audit	FSRs are conducted to ensure that all contracted Primary Care Physician (PCP) sites have sufficient capacity to provide appropriate primary healthcare services and can maintain patient safety standards and practices. The FSR confirms the PCP site operates in compliance with all applicable local, state, and federal laws and regulations.
FSR Standards	The Facility Site Review Standards provide the instructions, rules, regulations, parameters, and indicators for conducting Facility Site Reviews using the Facility Site Review tool. The site reviewer must use these Standards for measuring, evaluating, assessing, and making decisions.
Cal OSHA	The California Department of Industrial Relations (“Cal OSHA”) Bloodborne Pathogen Standard is a series of regulations to protect workers from contracting disease through direct contact with contaminated blood and other potentially infectious materials (“OPIM”). California Code of Regulations, Title 8
Cal. Code Regs. Title 22, § 85095.5 - Infection Control Requirements	These provisions for Universal Precautions monitoring are covered in the FSR DHCS Tool Under Infection Control Sections A and B. Attachment A.
Section A Infection control procedures for Standard/Universal precautions are followed.	The FSR Tool and Guidelines cover the following elements: Hand washing facilities <ul style="list-style-type: none"> • Antiseptic hand cleaner • Waste disposal container • Personal Protective Equipment (PPE) • Blood and Other Potentially Infectious Materials (OPIM) • Warning Labels • Needlestick Safety • Sharps Injury documentation • Contaminated Laundry • Regulated Waste storage
Section B Prevention Measures for	

Exposure to Blood Borne Pathogen and other Potentially Infectious Materials.	<ul style="list-style-type: none"> • Medical Waste disposal • Routine Decontamination • Spill Procedure • Disinfectant Products • Isolation Procedures
Blood and Other Potentially Infectious Materials (OPIM)	Blood and Other Potentially Infectious Materials (OPIM) are all human body fluids, any unfixed tissue or organ (other than intact skin) from a human (living or dead), and HIV or HBV – containing blood.
California Code of Regulations, Title 8, Section 5193 Blood Borne Pathogen Standard precautions apply to blood, all body fluids, non-intact skin, and mucous membranes, which are treated as potentially infectious.	Pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include but are not limited to hepatitis B virus (HBV), hepatitis C virus (HVC) and human immunodeficiency virus (HIV).
Contamination	The presence or reasonably anticipated presence of blood or OPIM on any item or surface.
Decontamination	The use of appropriate physical or chemical means to remove, inactivate or destroy bloodborne pathogens so that a surface or item is no longer capable of transmitting infectious particles and is rendered safe for handling, use or disposal.
Infection	The spread of disease producing organisms/pathogens; the presence of pathogens in the body.
Universal Precautions	System of infectious disease control which assumes every direct contact with body fluids is infectious and requires every employee exposed to direct contact with body fluids be protected as though such body fluids were HBV or HIV infected.

IV. PROCEDURES

- A. All contracted providers/facilities are required to comply with an appropriate Infection Control Program that deals with standard precautions, reportable communicable diseases, sterilization/disinfection of equipment, hazardous spills, blood borne pathogens and the like.
- B. Providers are audited through the FSR audit process to validate they have a compliant and effective Infection Control Program.
- C. Other monitoring controls to ensure appropriate infection control practices are in place at contracted provider sites include:
 - 1. Investigations of grievances and complaints.
 - 2. Special QI studies and projects.
- D. Infection control requirements are contained within the Department of Health Care Services (DHCS) Facility site review tool with detailed Site Review Guidelines provide the standards, directions, instructions, rules, regulations, perimeters, or indicators for the site review survey to include infection control standards.
- E. Provider adherence to infection control practices is monitored through the Facility Site Review Process by qualified-certified DHCS facility site reviewers that are registered nurses.
- F. Contracted providers shall implement an education, intervention, and prevention program appropriate to the patient population served and the associated risk of potential future infectious disease processes.
 - 1. Training occurs prior to initial exposure to potential infections. Review and re-training sessions must occur at least annually.
 - 2. Personnel must know where to locate information/resources on site and how to use the information.
 - 3. Evidence of training may include informal in-services, new staff orientation, external training courses, educational curriculum and participation lists, etc. Evidence of training must be verifiable.
 - 4. Training documentation must contain the employee's name, job title, training date(s), type of training, contents of training session, and names/qualifications of trainers. Records must be kept for three (3) years.

V. ATTACHMENTS

Attachment A:	Hepatitis B Vaccination Declination Form
Attachment B:	

VI. REFERENCES

Reference Type	Specific Reference
Regulatory	California Code of Regulations Title 22
Regulatory	Title 8: Cal/OSHA, 29 California Federal Register 1910.1030 OSHA Inst. DHCS PL 14-004
All Plan Letter(s) (APL)	DHCS APL 20-006 Primary Care Provider Site Reviews: Facility Site Review and Medical Record Review
All Plan Letter(s) (APL)	DHCS APL-22-017 Primary Care Provider Site Reviews: Facility Site Review and Medical Record Review supersedes 22-006

VII. REVISION HISTORY

Action	Date	Brief Description of Updates	Author
Effective	09-26-2024	Updated to the most recent DHCS Standards defined in the FSR Tool to support APL-22-017. Integrated the P&P into the KHS Compliance P&P Template.	M.H. Quality Improvement
Revised	08-2020	Policy reviewed by Director of Quality Improvement. Validated and updated regulatory references.	Quality Improvement
Revised	01-2016	Policy reviewed by QI Supervisor. Signatory list updated. Policy revised per current site review standards and Policy Letter (PL) 14-004.	Quality Improvement
Revised	08-2013	Policy reviewed by Director of Quality Improvement, Health Education and Disease Management. No revision needed; titles updated.	Quality Improvement
Revised	05-2010	Minor revisions provided by the Director of Quality Improvement, Health Education and Disease Management.	Quality Improvement
Revised	09-2005	Routine review.	Quality Improvement
Revised	08-2004	Routine review. Revised per DHS Contract 03-76165. There is no longer any mention of an Infection Control Program in the new contract.	Quality Improvement
Revised	06-2003	Per DHS comment letter 3/4/2003	
Revised	11-2002	To incorporate suggestions made by DHS auditors (Medical Review YE 08/31/00).	

VIII. APPROVALS

Committees Board (if applicable)	Date Reviewed	Date Approved
Choose an item.		

Regulatory Agencies (if applicable)	Date Reviewed	Date Approved
Choose an item.		
Choose an item.		
Choose an item.		

Chief Executive Leadership Approval *		
Title	Signature	Date Approved
Chief Executive Officer		
Chief Medical Officer		
Chief Compliance and Fraud Prevention Officer		
*Signatures are kept on file for reference but will not be on the published copy		



Policy and Procedure Review

KHS Policy & Procedure: 2.20-P Infection Control Program

Last approved version: 09/26/2024

Reason for revision: Annual policy routine review.

Director Approval		
Title	Signature	Date Approved
Dr. John Miller Medical Director Quality Improvement		
Magdee Hugaïs Director of Quality Improvement		

Date posted to public drive: _____

Date posted to website (“P” policies only): _____



HEPATITIS B VACCINATION DECLINATION FORM

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccination at this time.

I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease.

If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Employee Signature: _____

(Printed) Name: _____

Date Signed: _____