KERN HEALTH SYSTEMS

KERN HEALTH SYSTEMS POLICY AND PROCEDURES			
Policy Title	Infection Control Program	**Policy #**	2.20-P
Policy Owner	Quality Improvement	**Original Effective Date**	08-2001
Revision Effective Date	1/22/2026	**Approval Date**	03/17/2026
Line of Business	☒ Medi-Cal ☒ Medicare ☐ Corporate		

I. PURPOSE

To establish the process by which Kern Health Systems (KHS) monitors contracted provider sites to ensure the implementation and maintenance of an effective infection control program that supports the surveillance, prevention, and control of infections; promotes patient and staff safety; ensures timely reporting of reportable conditions to appropriate public health authorities; and requires, at a minimum, annual staff education to reduce the risk of infection transmission.

II. POLICY

A. It is the policy of KHS that all contracted facilities and provider sites maintain and implement an infection control program that complies with applicable federal, state, and local laws and regulations, including, at a minimum, the California Code of Regulations Title 22 and Title 8 (Cal/OSHA), and the Occupational Safety and Health Administration (OSHA) Bloodborne Pathogens Standard (29 CFR 1910.1030).

B. Contracted provider offices shall maintain procedures for the identification, documentation, reporting, and management of employee exposure incidents in accordance with the OSHA Bloodborne Pathogens Standard.

1. Exposure incidents include, but are not limited to, needlestick injuries and contact of the eye, mouth, other mucous membranes, non-intact skin, or parenteral contact with blood or other potentially infectious materials (OPIM). Timely reporting of exposure incidents enables evaluation of the circumstances surrounding the exposure and implementation of measures to prevent recurrence.

2. All exposure incidents must be promptly documented, reported, investigated, and managed, including a medical evaluation and appropriate follow-up, in accordance with regulatory requirements.

C. Personnel at KHS-contracted provider sites are required to apply the principles of Standard Precautions for all patients, regardless of suspected or confirmed infection status. Standard Precautions apply to blood, all body fluids, non-intact skin, and mucous membranes and require these to be treated as potentially infectious for human immunodeficiency virus (HIV), hepatitis B virus (HBV), hepatitis C virus (HCV), and other bloodborne pathogens. Universal Precautions refer to the OSHA-mandated program requiring the implementation of engineering controls, work practice controls, staff education and training, and recordkeeping related to bloodborne pathogen exposure.

D. KHS monitors provider compliance with infection control requirements through the following oversight activities:

1. Facility Site Review (FSR) process
2. Investigation of grievances and complaints
3. Special Quality studies and projects

III. DEFINITIONS

TERMS	DEFINITIONS
Facility Site Review (FSR) Audit	A review conducted to assess whether contracted Primary Care Physician (PCP) sites have sufficient capacity to provide appropriate primary care services and maintain patient safety standards. The FSR evaluates compliance with applicable local, state, and federal laws and regulations.
FSR Standards	The criteria, instructions, parameters, and indicators used to conduct Facility Site Reviews through the approved DHCS Facility Site Review tool. These standards guide site reviewers in evaluating compliance and determining corrective actions when deficiencies are identified.
Cal/OSHA	The California Division of Occupational Safety and Health, under the California Department of Industrial Relations, which enforces workplace safety regulations, including the Bloodborne Pathogens Standard set forth in California Code of Regulations, Title 8.
California Code of Regulations, Title 22, Section 85095.5	State regulatory requirements governing infection control procedures, including adherence to standard and universal precautions to prevent the transmission of infectious diseases in healthcare settings.
Standard Precautions	Infection prevention practices applied to all patients, regardless of suspected or confirmed infection status. These precautions apply to blood, all body fluids, non-intact skin, and mucous membranes and require them to be treated as potentially infectious.

Universal Precautions	A system of infection control mandated by OSHA that assumes all blood and certain body fluids are infectious and requires the implementation of engineering controls, work practice controls, personal protective equipment, staff education, and recordkeeping to prevent exposure to bloodborne pathogens.
Bloodborne Pathogen	Pathogenic microorganisms present in human blood that can cause disease in humans, including but not limited to hepatitis B virus (HBV), hepatitis C virus (HCV), and human immunodeficiency virus (HIV).
Blood and Other Potentially Infectious Materials (OPIM)	Human blood; all human body fluids; any unfixed tissue or organ, other than intact skin, from a human (living or dead); and blood or materials known or reasonably anticipated to contain HIV or HBV, as defined in California Code of Regulations, Title 8, Section 5193.
Contamination	The presence or reasonably anticipated presence of blood or OPIM on an item, surface, or material.
Decontamination	The use of appropriate physical or chemical methods to remove, inactivate, or destroy bloodborne pathogens so that a surface or item is rendered safe for handling, use, or disposal.
Infection	The invasion and multiplication of disease-producing microorganisms in the body that may result in illness or disease transmission.

IV. PROCEDURES

A. All contracted providers and facilities are required to maintain and comply with an Infection Control Program that addresses, at a minimum, standard precautions, reportable communicable diseases, sterilization and disinfection of equipment, hazardous and biohazardous spills, bloodborne pathogens, and other infection prevention and control practices applicable to the services provided.

B. Provider compliance with infection control requirements is evaluated through the FSR audit process to validate the presence, implementation, and effectiveness of an Infection Control Program.

C. Additional monitoring mechanisms to assess infection control practices at contracted provider sites include:

1. Investigation of grievances and complaints related to infection control or patient safety
2. Special Quality Improvement (QI) studies and projects, as applicable

D. Infection control requirements are established within the Department of Health Care Services (DHCS) Facility Site Review tool and supported by detailed Site Review Guidelines, which define the applicable standards, instructions, criteria, and indicators used to assess compliance with infection control requirements.

E. Provider adherence to infection control standards is monitored through the Facility Site Review process conducted by qualified DHCS-certified facility site reviewers who are registered nurses.

F. Contracted providers shall implement an education, intervention, and prevention program appropriate to the patient population served and the level of risk associated with potential infectious disease exposure.

1. Training must occur prior to an employee's initial exposure to potential infectious hazards, with review and refresher training conducted at least annually.
2. Personnel must be able to locate and appropriately use infection control information, resources, and procedures available at the worksite.
3. Verifiable evidence of training may include, but is not limited to, new staff orientation materials, informal in-service training, external training programs, educational curricula, and attendance or participation records.
4. Training documentation must include the employee's name, job title, training date(s), type and content of training, and the name and qualifications of the trainer(s). Training records must be retained for a minimum of three (3) years.

V. ATTACHMENTS

Attachment A:	Hepatitis B Vaccination Declination Form

VI. REFERENCES

Reference Type	Specific Reference
Regulatory	California Code of Regulations, Title 22, Section 85095.5 – Infection Control Requirements
Regulatory	California Code of Regulations, Title 8, Section 5193 – Bloodborne Pathogens
Regulatory	Occupational Safety and Health Administration (OSHA), Bloodborne Pathogens Standard, 29 CFR 1910.1030
All Plan Letter(s) (APL)	Department of Health Care Services (DHCS). Primary Care Provider Site Reviews: Facility Site Review and Medical Record Review. All Plan Letter (APL) 22-017
Other	Centers for Disease Control and Prevention (CDC). Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings
Other	Centers for Disease Control and Prevention (CDC). Standard Precautions for All Patient Care

VII. REVISION HISTORY

Action	Date	Brief Description of Updates	Author
Revised	1-22-2026	Annual policy review.	QI Director
Revised	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).	
Effective	08-2001	Policy created to define the process by which Kern Health Systems (KHS) will monitor, and report contracted provider sites to ensure they actively participate in an effective infection control program for the surveillance, prevention, and control of infections.	Quality Improvement

VIII. APPROVALS

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

Regulatory Agencies (if applicable)	**Date Reviewed**	**Date Approved**

Choose an item.		

KERN HEALTH SYSTEMS

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: _____

661-664-5000
661-664-5151
kernhealthsystems.com
2900 Buck Owens Boulevard, Bakersfield, CA 93308-6316