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| **Initial Effective Date** | mm/dd/yyyy |
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| **Authorized/Reviewed by** | Individual or Committee Name |
| **Standard** | 22VAC40-61-180 |

**Definition and Overview (define the infection control practice**)

The Centers for Disease Control and Prevention (CDC) defines workplace health as a coordinated and comprehensive set of strategies which include programs, policies, benefits, environmental supports and links to the surrounding community designed to meet the health and safety needs of all employees and volunteers.

**Purpose (why this policy/procedure is important)**

According to the CDC, workplace health programs have the potential to impact an employee’s health. Potential health impacts include their health behaviors, health risks for disease and current health status.

For organizations, workplace health programs have the potential to impact areas such as health care costs, absenteeism, productivity, recruitment/retention, culture and employee morale. Employers, workers, their families and communities all benefit from the prevention of disease and injury, and from sustained health.

**Responsibility (who is responsible for following this policy/procedure)**

All staff and volunteers in the center have rights and responsibilities under the following policies and procedures. For the purpose of this policy, unless otherwise noted, “center staff” refers to staff and volunteers.

Insert the role/title of center staff responsible is responsible for ensuring proper implementation and ongoing monitoring of the workplace health policies and procedures.

**Policy**

Staff and Volunteer Health Records

* Health information required to be collected by local, state and federal code shall be maintained at the center and included in the center staff and volunteer record for each individual.
  + All staff health records shall be retained for a period of two years beyond termination of employment.
  + According to standard 22VAC40-61-180E, tuberculosis (TB) records shall be retained for volunteers for a period of two years beyond termination of volunteerism.
  + Medical records pertaining to post-exposure evaluation and follow-up must be maintained for the duration of the center staff employment plus thirty (30) years, per OSHA requirements.
* Center staff records shall be treated confidentially, kept in specify locked location in center and will be maintained by insert the role/title of center staff responsible.
  + Exception: Center staff emergency contact information shall be maintained in a location that is easily accessible.
    - Specify location where emergency contact information is stored.
  + Center leadership acknowledges that hepatitis B vaccinations must be offered and that employers are required to maintain an accurate copy of each employee's hepatitis B vaccination status, including the dates of all the hepatitis B vaccinations, in the employee’s health record.
  + If a center elects to provide information about optional vaccinations for staff (e.g., COVID-19, annual influenza, etc.), and elects to partner with a third-party pharmacy to provide vaccinations for staff on the center's premises, the center:

1. Requires the third-party pharmacy to obtain and retain all documentation as required by law and regulations, **and**
2. Requests that the third-party pharmacy share vaccination documentation with the staff member, who can then elect to provide required documentation to the appropriate center representative for inclusion and retention in the center staff's file.

* Health records should include the results of a risk assessment documenting the absence of tuberculosis (TB Risk Assessment) in a communicable form, using a screening form published by the Virginia Department of Health (VDH).
  + Center staff: TB Risk Assessment shall be submitted within seven days prior to or on the first day of work or volunteerism at the center and annually thereafter.
  + Health Records shall additionally include any subsequent tuberculosis evaluations and reports based on contact with cases of tuberculosis disease, development of new onset chronic respiratory symptoms or based on consultation and/or recommendations with the VDH.

Occupational Safety and Health Administration (OSHA) Standards

**NOTE:** A respiratory protection program is required if a center provides and/or requires N95 respirators for the care of participants with COVID-19 or any other condition. If the center is not required to have an OSHA-compliant Respiratory Protection Standard, delete the bullet below.

* Specify location of policies and procedures related to the OSHA-compliant Respiratory Protection Program
  + [Small Entity Compliance Guide for the Respiratory Protection Standard | OSHA](https://www.osha.gov/sites/default/files/publications/3384small-entity-for-respiratory-protection-standard-rev.pdf)
* The center will maintain an OSHA-compliant exposure control plan for bloodborne pathogens and other occupational hazards.
  + [Bloodborne Pathogens and Needlestick Prevention | OSHA](https://www.osha.gov/bloodborne-pathogens/standards)
  + [Model Plans and Programs for the OSHA Bloodborne Pathogens and Hazard Communications Standards | OSHA](https://www.osha.gov/sites/default/files/publications/osha3186.pdf)
* All center staff will have access to the Hepatitis B Vaccine, and receipt or declination will be documented in the center staff health record.

Prevention of Communicable Illness

* + Center staff will be educated on the prevention of infectious/communicable diseases through infection prevention training upon hire and annually.
  + While on the premises, center staff must notify insert the role/title of center staff responsible immediately if they develop signs or symptoms of acute infectious illness, including fever (temperature above 100.3F), cough, diarrhea, vomiting or draining skin lesions.
  + Center staff are encouraged to stay home from work while symptoms are present and should not return to work until symptoms have improved and at least 24 hours have passed since their last fever without the use of fever-reducing medication.

**Procedure**

Reporting Illness

1. Center staff who experience signs or symptoms of communicable illness (as described in policy above) while at work will immediately report those signs/symptoms to their supervisor.
2. Describe your center’s additional procedures for calling out sick if a center staff member becomes ill while not at work.
3. Center staff will be allowed to return to work:
   1. When cleared to return by a medical provider **OR**
   2. When symptoms have improved **AND** they have been fever-free for at least 24 hours without the use of fever-reducing medications

Workplace Injuries and Occupational Exposures

1. For all types of workplace injuries and exposures, immediately provide first aid.
   1. For hazard/chemical exposures, follow first aid instructions from the Safety Data Sheet (SDS), product label or manufacturer instructions. SDS are located list locations of SDS.
   2. For bloodborne pathogen occupational exposures (including splashes, sprays, or needle sticks), thoroughly wash the exposed area.
      1. Skin/Puncture exposures: thoroughly wash with soap and water.
      2. Eyes: thoroughly flush with clean water or eyewash solution. Eye wash stations are located list location of eye wash stations.
2. Immediately report injuries or exposures to insert the role/title of center staff responsible.
3. Insert the role/title of center staff responsible will ensure an exposure evaluation and follow-up per the center’s Bloodborne Pathogen Exposure Control Plan or other workplace injury plans.

Maintenance of Eyewash Stations

1. Describe your center’s procedure for maintenance of eye wash stations, including:
   1. For plumbed-in stations: procedures for checking/monitoring, cleaning and disinfection, per manufacturer's instructions
   2. For bottle stations: procedures for monitoring and replacement of bottles when used, opened or expired, per manufacturer’s instructions

**Guidelines, Standards, and Resources for Policy/Procedure Development**

* [Core Infection Prevention and Control Practices for Safe Healthcare Delivery in All Settings | CDC](https://www.cdc.gov/infectioncontrol/guidelines/core-practices/index.html)
* [Workplace Health Resource Center | CDC](https://www.cdc.gov/workplacehealthpromotion/initiatives/resource-center/index.html)
* [Bloodborne Pathogens and Needlestick Prevention | OSHA](https://www.osha.gov/bloodborne-pathogens/standards)
* [Model Plans and Programs for the OSHA Bloodborne Pathogens and Hazard Communications Standards | OSHA](https://www.osha.gov/sites/default/files/publications/osha3186.pdf)
* [Small Entity Compliance Guide for the Respiratory Protection Standard | OSHA](https://www.osha.gov/sites/default/files/publications/3384small-entity-for-respiratory-protection-standard-rev.pdf)
* [What Vaccines are Recommended for You | CDC](https://www.cdc.gov/vaccines/adults/rec-vac/hcw.html)
* [Healthcare Personnel (HCP) and Vaccinations | VDH](https://www.vdh.virginia.gov/immunization/hcpersonnel/)

**Notes and Recommendations**

* Other participant care and center operation policies and procedures should reinforce workplace health as a critical step in a center’s infection prevention program.
* For all staff and volunteer training, consider the use of quizzes/tests at the conclusion of training, return demonstration or teach back of content to ensure comprehension.
* Center staff will be trained at hire, evaluated for competence with feedback, and training will be reinforced at least annually.
* Consider utilizing an audit tool for compliance with workplace health and implement an auditing schedule for ongoing sustainment of this policy.
* All sources, standards, guidelines and resources should be verified annually, or more frequently as your center policy dictates, to ensure the most up to date information is provided.
* The center is required to offer the hepatitis B vaccination series to all staff who have occupations exposure. The vaccine must be offered:
  + At no cost to employees and at a reasonable time and place.
  + After the employee is trained and within 10 days of initial assignment to a job where there is occupational exposure, unless the employee has previously received the vaccine series, antibody testing has revealed that the employee is immune, or the vaccine is contraindicated for medical reasons. The employer must obtain a written opinion from the licensed healthcare professional within 15 days of the completion of the evaluation for vaccination. This written opinion is limited to whether hepatitis B vaccination is indicated for the employee and if the employee has received the vaccination.
* The center should be knowledgeable and understand that hepatitis B vaccination status carries OSHA mandated documentation for employee/staff files.
  + Centers/employers are required to maintain an accurate copy of each employee's hepatitis B vaccination status, including the dates of all the hepatitis B vaccinations [29 CFR 1910.1030(h)(1)(ii)(B)]. Centers/employers must make every effort to obtain a reliable record of employees' vaccination status. These efforts may include contacting the previous employer or facility where the vaccination was administered to obtain these records. As it is a requirement that all centers/employers maintain these records for the duration of employment plus 30 years, a previous employer who administered hepatitis B vaccinations would have copies of those records [29 CFR 1910.1030(h)(1)(iv)]. If a copy of the vaccination record cannot be obtained, then OSHA recommends that documentation verifying the employer's attempt to obtain the record be maintained. When these records cannot be obtained from the previous employer, the current employer must obtain from the employee a written statement about vaccination status, including the dates or, where this is not possible, the approximate dates of the vaccinations.
  + Employers must ensure that employees who decline vaccination sign a declination form. The purpose of this is to encourage greater participation in the vaccination program by stating that a worker declining the vaccination remains at risk of acquiring hepatitis B. The form also states that if an employee initially declines to receive the vaccine, but at a later date decides to accept it, the employer is required to make it available, at no cost, provided the employee is still occupationally exposed.
* Centers who wish to learn more about respiratory protection programs, bloodborne pathogens, or hazard communications are encouraged to use these links to obtain information about a no-cost consultation program available from Virginia Occupational Safety and Health (VOSH). If the center uses this consultation program and VOSH identifies any areas of opportunity, the center is obligated to correct any identified issues.
  + [VOSH Consultation Services | DOLI](https://www.doli.virginia.gov/vosh-programs-consultation/)
  + [VOSH Consultation Services Form | DOLI](https://www.doli.virginia.gov/wp-content/uploads/2021/06/REQUEST-FORM-2021.pdf)
* The components of an exposure control plan should include the following items:
  + Bloodborne Pathogens and Hazard Communications
  + Program Administration
  + Determination of Employee Exposure
  + Methods of Implementation and Control
    - Universal precautions
    - Engineering controls and work practices
    - Blood glucose monitoring
    - Personal protective equipment
    - Housekeeping
    - Laundry
    - Handling sharps and labeling
    - Body fluid clean-up
  + Post Exposure Evaluation and Follow-Up
    - Administration
    - Procedures for evaluation
  + Employee Training
  + Recordkeeping
    - Training records
    - Medical records
    - OSHA recordkeeping
    - Sharps injury log
  + Hepatitis B Vaccination Program