**Occupational Health Related to Infection Prevention and Control**

**Date Implemented:**

**Review/Updated Date:**

**Policy**

Elderly residents are at an increased risk of acquiring illnesses that may cause serious illness and even death. Staff members present an increased risk to the residents’ health and safety because of the potential for community and/or work-related exposures to disease and illness. Because of the increased risk both staff and residents present to the health care workforce, it is critical to provide procedures related to occupational health for infection prevention and control.

Occupational health services address both infectious and non-infectious causes of illness and injury, however, this policy and procedures relates strictly to infection control.

**Procedures**

OSHA’s Blood Borne Pathogen Standards:

* OSHA’s blood borne pathogen standard prescribes safeguards to protect staff members who are occupationally exposed to blood or other potentially infectious materials. This standard describes actions that the provider must take to prevent occupational exposures and respond to exposures when they occur.
* Exposure incident includes eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from performance of a worker’s duties.
* Exposure Control Plan:
	+ Is a written plan describing how the provider will eliminate or minimize occupational exposures for staff.
	+ The exposure control plan must be updated or reviewed annually and reflect input from the frontline staff.
	+ The provider must prepare an exposure determination that contains a list of job classifications in which some workers have occupational exposure, along with a list of the tasks and procedures performed by those workers that result in their exposure.
	+ The provider must identify and use engineering controls to remove or reduce the risk of bloodborne pathogen exposure, such as identifying devices that isolate or remove the blood borne pathogen hazard from the workplace including self-sheathing needles.
	+ The provider must identify and use workplace controls when developing the exposure control plan. The controls including practices that reduce the possibility of exposure by changing the way a task is performed, such as handling of blood or body fluid specimens, laundry, etc.
* Post-Exposure Evaluation:
	+ The provider must make available a post-exposure evaluation and follow-up to any occupationally exposed worker who experiences an exposure incident.
	+ The evaluation and follow-up must be at no cost to the employee.
	+ The evaluation must include offering post-exposure prophylaxis counseling and evaluation of reported illness. This could include contracting with outside entities to provide these occupational health services.
	+ Organizations must ensure staff know:
		- How to recognize and immediately respond to an exposure incident.
		- Who to contact to report the exposure.
		- How to access occupational health services.
	+ Information about responding to and reporting exposure incidents should be readily accessible to staff.
* Documentation:
	+ As part of an exposure incident, organizations must document route(s) of exposure and circumstances under which the exposure incident occurred.
	+ This information should be used to inform the annual update to the exposure control plan, including actions the organization takes to prevent future incidents.
	+ This information could be a focus of the QAPI activities.

Employee Work Restrictions:

* Treatment and containment of infectious illnesses among staff are important to protect residents and other staff from pathogen exposure.
* Organizations should have policies and procedures addressing work restrictions and discouraging “presenteeism”.
* Policies and procedures should exclude potentially infectious staff from the workplace or resident contact and prevent susceptible staff from caring for infectious residents when immune staff are available.
* Policies and procedures should be designed to encourage staff to report illnesses and exposures, should not penalize staff with loss of wages, benefits, or job status.
* Staff should know which infections or symptoms may warrant exclusion and where to report illnesses.
* To support work restriction policies, organization administrators should ensure adequate resources to address potential staff shortages.
* Organizations should ensure that all contracted staff have policies and procedures as well to conform with expectations.

Vaccination:

See additional policies and procedures related to Influenza, Pneumonia and COVID-19 vaccination.

**Resources**

CMS. (2017, Nov. 2). *State Operations Manual, Appendix PP – Guidance to Surveyors for Long Term Care Facilities, F880*. <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Downloads/Appendix-PP-State-Operations-Manual.pdf>

CDC. (2020, June 10). *Infection Prevention Training | LTCF*. <https://www.cdc.gov/longtermcare/training.html>