Policy

Hertford County Public Health Authority (HCPHA) shall provide a standard approved curriculum to meet the requirements of 10A North Carolina Administrative Code 41A.0206, Infection Control in Health Care Settings rule.

Purpose

The purpose of this policy is to provide a standard operating procedure, which meets the requirements of the law for Health Care Facilities. The procedures will strengthen measures for protecting the staff and clients from vaccine preventable diseases and bloodborne pathogens.

Applicable Laws and Rules

10A NCAC 41A .0206 INFECTION CONTROL - HEALTH CARE SETTINGS
ADVISORY COMMITTEE ON IMMUNIZATION PRACTICES: PROVISIONAL RECOMMENDATION FOR PREVENTION OF VARICELLA AUGUST 2006

Position (s) Primarily Responsible

The Personnel Officer and the Clinical Supervisor are primarily responsible for the implementation and adherence to this policy. In addition the Lab technician will share in the oversight of equipment and facility sterilization, disinfection, and sanitation.

Procedure

I. Vaccine Preventable Diseases

Because of contact with patients or infectious material from patients with infections, health department personnel are at risk of exposure to and possible transmission of vaccine preventable diseases. Maintenance of immunity, therefore, is an important part of the employee infection control policy. Each employee, upon employment will have his or her immunization status reviewed by the clinical supervisor. At this time, he/she will be advised to update immunizations as needed according to routine Immunization Program Procedures. This policy reflects the current ACIP Recommendations for the Immunizations of Health Care Workers.

A. Tetanus and Diphtheria (Td)
After primary immunization, a booster is recommended for all persons every ten years. At the time of the employee’s annual performance appraisal, supervisors advise each employee to have Td status evaluated through the Clinical Supervisor and Td given if needed.

B. Measles, Mumps, Rubella (MMR)

Employees are considered immune:
1. If born prior to 1957 (measles and mumps)
2. Measles have been diagnosed prior to January 1, 1994 with documentation by a physician.
3. There is lab evidence of immunity to rubella (lab test available through clinic)
4. Immunized with vaccine on or after the first birthday.

If the employee does not fall into one of the above categories, he/she will be given the MMR vaccine. Each employee will provide documentation of immunity (copy of immunization, medical record or lab report) to the clinical supervisor for their personnel folder, or if he/she does not comply, the personnel officer will have the employee sign a declination form and place that form in their personnel file.

C. Hepatitis B Vaccination (Hep B)

All Hertford County Public Health Authority employees and/or contract staff who have potential for occupational exposure to bloodborne pathogens are required to have Hepatitis B vaccine. The vaccination series is provided to employees at no charge. Contract employees are required to have current Hepatitis B immunization to perform jobs involving exposure to bloodborne pathogens.

1. The first dose of vaccine is made available to employees within 10 working days of initial assignment. Subsequent doses are to be administered according to current CDC recommendations. One to two months after final dose, serologic testing for antibody to Hepatitis B surface antigen is performed. Persons who do not respond to the primary series should complete a second 3-dose series. If still no response will be counseled by clinical supervisor.
2. Employees who decline Hepatitis b vaccine are required to sign a Hepatitis B Vaccine Declination Form and have the option of taking the vaccine at a later date if occupational exposure continues.

D. Influenza

To prevent the spread of influenza from personnel to patient, influenza vaccine is recommended for all employees in the fall of each year. Target personnel for this vaccine are those who have contact with patients with high-risk chronic problems and those employees who themselves have high-risk chronic medical problems.

E. Pneumococcal Vaccine

Pneumococcal vaccine is recommended for all employees over the age of 65, and those who are at risk for contracting pneumococcal pneumonia. Refer to Pneumonia Policy for those factors that indicate need for vaccine.

F. Varicella

All health care workers shall ensure that they are immune to Varicella. A reliable history of chickenpox is a valid measure of Varicella immunity. Employees who do not have a history of Varicella or whose history is uncertain will be considered susceptible and will be required to receive two doses of Varicella vaccine.

G. Hepatitis A (Hep A)

Recommended for staff working in environmental health.

II. Tuberculosis skin test
The Mantoux tuberculin skin test is the most accurate test for determining TB infection and is the only skin test recommended by TB Control.

1. A two step Mantoux tuberculin skin test (TST) is provided free of charge to new employees who cannot provide a documented negative TST within the preceding 12 months.
2. Those who provide a documented negative TST within the preceding 12 months receive a single TST and this result is considered the second part of a two-step test.
3. New employees who provide a documented positive TST have a Record of Tuberculosis Screening (DHHS-3405) or similar screening documented in the employee record.
4. Employees determined to have a new positive TST will receive further clinical evaluation in accordance with North Carolina Tuberculosis Control guidelines. Employees with a previous positive should be re-x-rayed only when symptoms of TB are present.
5. TST will be repeated annually.
6. Any employee suspected of having infectious pulmonary or laryngeal tuberculosis will receive further clinical evaluation in accordance with North Carolina Tuberculosis Control guidelines.
7. An employee with suspected or known infectious tuberculosis will be excluded from work until adequate treatment is initiated, cough is resolved and the employee is no longer considered infectious.
8. TST results that convert to positive during employment and employees diagnosed with active tuberculosis will be recorded in the OSHA 200 log. A log is required for employees with more than 10 employees.
9. TST results, medical evaluation and treatment are considered part of the employee’s medical record. This information will be preserved and maintained for the duration of employment plus 30 years.

III. Employee Training and Education
All workers will receive tuberculosis training and education relevant to their occupational group and/or specific job requirements. Training and education will occur before the worker receives an initial assignment and on an annual basis (included in Safety Training and Annual Safety update). Education for nursing personnel will include tuberculosis transmission, signs and symptoms, the purpose and interpretation of TST, principles and practices of TB infection control, guidelines for preventive and curative TB treatment, HIV/TB risk factors and confidentiality requirements.