



## **INSTRUCTION FOR CONTACT HOUR**

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# Welcome

- Your display name **MUST** match your evaluation name for CEU credit. If it does not, type your name and facility in the chat.
- Enjoy the entire program.
- Complete the post-evaluation by November 22, 2024, 5:00 PM (available on the last slide)
- Certificate will be emailed to you by December 15, 2024.

**BEFORE WE BEGIN, ANSWER IN THE CHAT:**

## **What is your favorite flavor of pie?**





# San Diego Skilled Nursing Facility Infection Prevention Collaborative

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Grow - Collaborate - Succeed

Coordinated by the County of San Diego  
Healthcare-Associated Infections (HAI) Program

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# Reminders



Recording is on!



PHS.HAI.HHSA@ sdcounty.ca.gov



Keep your lines muted



Participate in the polls and chat



Use the chat box for questions



Slides will be emailed



Type into the chat your:

- Name
- Title
- Facility

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# Land Acknowledgement



**Public Health Services would like to begin by acknowledging the Indigenous Peoples of all the lands that we are on today. While we are meeting on a virtual platform, I would like to take a moment to acknowledge the importance of the lands, which we each call home. We respectfully acknowledge that we are on the traditional territory of the Kumeyaay. We offer our gratitude to the First Nations for their care for, and teachings about, our earth and our relations. May we honor those teachings.**

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# Agenda



**Welcome**

**General Updates**

**Announcements**

**Featured Topic: "IP Role in Occupational Health"**

**Next Collaborative**

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SNF IP  
Email List



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Fighting Antimicrobial Resistance

***TAKES ALL OF US***

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November 18-24, 2024





## California Reports First Known U.S. Case of Emerging Mpox Strain

November 16, 2024

NR24-036

Case identified in person who recently traveled from Africa where this strain is circulating; Risk to public remains very low

What You Need to Know: The California Department of Public Health (CDPH) has reported to the Centers for Disease Control and Prevention (CDC) the first case of clade I mpox in the United States. Clade I is different than clade II, the strain of mpox that has been circulating in California and the United States since 2022. The individual is isolating at home and the risk to the public remains very low.

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# CAHAN Alerts

**To:** CAHAN San Diego Participants

**Date:** November 15, 2024

**From:** Public Health Services

**Health Advisory:** Increase in *Mycoplasma Pneumoniae* Activity in the United States

## Key Messages

- The Centers for Disease Control and Prevention (CDC) has received reports indicating increased *Mycoplasma pneumoniae* activity in the United States.
- *M. pneumoniae* is a bacterial respiratory pathogen that is [transmitted through respiratory droplets](#) during close contact.
- From March to October 2024, CDC reported the highest increase in reported *M. pneumoniae* infections was among children ages 2–4 years. A similar increasing trend is occurring in San Diego County.
- CDC reports *M. pneumoniae* [resistance to macrolides](#) has emerged but remains under 10% in United States.
- Consider *M. pneumoniae* in patients with community-acquired pneumonia who aren't improving clinically on antibiotics that are known to be ineffective against *M. pneumoniae*, such as beta-lactams.

## Situation

Although not a reportable disease, the Centers for Disease Control and Prevention (CDC) has been monitoring available data on *Mycoplasma pneumoniae*. On October 18, 2024, the CDC issued a bulletin about an [increase in \*M. pneumoniae\*](#) infections in the United States. The proportion of patients discharged from emergency departments with a diagnosis of *M. pneumoniae*-associated pneumonia or acute bronchitis has been increasing over the past six months.

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# CAHAN Alerts

**To:** CAHAN San Diego Participants

**Date:** October 25, 2024

**From:** Public Health Services

## Health Advisory: Second Locally Acquired Dengue Case in San Diego County

### Key Messages

- [A second case of locally acquired dengue](#) has been detected in a resident of San Diego County (SDC). It is the 11th case of locally acquired dengue in California this year.
- Dengue is transmitted by infected *Aedes* spp. mosquitos which have a limited flight range. The risk of widespread dengue transmission in the County remains low.
- The case means there are dengue infected mosquitoes locally and underscore the need for public education and preventive measures.
- Providers should consider dengue in any patient with acute febrile illness and consistent symptoms, regardless of travel history.
- Providers should report any suspected cases of locally acquired dengue to the County Epidemiology Unit immediately by calling 619-692-8499 (Monday-Friday 8 AM-5 PM) or 858-565-5255 (after hours and holidays).

### Situation

The second case of locally acquired dengue has been identified in a San Diego County resident. The case did not report international travel in the weeks before symptom onset. While the case was initially hospitalized, they have since been discharged and recovering. This case has no known link to the [first locally acquired case in the Escondido area](#). No additional suspect cases have been identified linked to wither locally acquired cases at this time.

The Vector Control Program of County of San Diego is responding to the situation including conducting mosquito abatement to reduce the risk of additional cases in the area.

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# CAHAN Alerts



**To: CAHAN San Diego Participants**

**Date: October 4, 2024**

**From: Public Health Services**

**Health Advisory: Confirmed Human Cases of H5 Avian Influenza in California**

## Key Messages

- The first human cases of H5 Avian Influenza in California have been confirmed in two individuals from the Central Valley of California who had contact with infected dairy cattle.
- Healthcare providers should consider avian influenza A(H5N1) in persons with acute respiratory symptoms and/or conjunctivitis and recent exposure to animals suspected or confirmed to have avian influenza.
- Healthcare providers and clinical laboratories should immediately report cases of known or suspected avian influenza (H5N1) to the County Epidemiology Unit by calling 619-692-8499 (Monday-Friday 8 AM-5 PM) or 858-565-5255 (after hours and holidays).

## Situation

On October 3, 2024, the California Department of Public Health (CDPH) and the Centers for Disease Control and Prevention (CDC) [reported](#) the first two [confirmed cases](#) of H5 Avian Influenza. The two individuals had contact with infected dairy cattle in the Central Valley of California. The current risk to the general public remains low. However, people with job-related or recreational exposures to infected birds, cattle, or other animals are at higher risk of infection.

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# Other Local CAHAN Alerts



- 11/14/24 – Pertussis Increasing in San Diego County
- 10/18/24 – Updated California syphilis Screening Recommendations
- 10/10/24 – First Marburg Virus Disease Outbreak in the Republic of Rwanda
- 10/6/24 – First Locally Acquired Case of Dengue in San Diego County

[https://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/cahan\\_san\\_diego.html](https://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/cahan_san_diego.html)

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## ENHANCED BARRIER PRECAUTIONS

When providing high contact care or cleaning in the environment, staff must:



### MEJOREMOS LAS PRECAUCIONES DE BARRERA

Al prestar cuidados de alto contacto directo o limpiar el entorno, el personal debe:

**Clean Hands**



Limpiarse las Manos

**Wear Gown**



Usar Bata

**Wear Gloves**



Usar Guantes

Examples of high contact care  
Ejemplos de atención de alto contacto.

 <p><b>Providing Hygiene. Higiene.</b></p>	 <p><b>Changing Linen. Cambio de sábanas.</b></p>
 <p><b>Bathing/Showering. Baño/Ducha.</b></p>	 <p><b>Dressing. Ayuda para vestirse.</b></p>
 <p><b>Transferring. Traslado.</b></p>	 <p><b>Assisting with Toileting. Asistencia con el uso del baño.</b></p>
 <p><b>Wound Care. Tratamiento de heridas.</b></p>	 <p><b>Changing Briefs. Cambio de pañales.</b></p>
 <p><b>Device care or use. Cuidado o uso de equipo médico.</b></p>	 <p><b>Cleaning &amp; Disinfecting the Environment. Limpieza y desinfección del entorno.</b></p>




www.sdhai.org  
phs.hai.hhsa@sdcounty.ca.gov




8/2/2024

# Website Update!

## Enhanced Barrier Precautions

Use Enhanced Barrier Precautions (EBP) for patients/residents in long term care facilities who meet the criteria for this program. For more information about Enhanced Barrier Precautions, visit [CDC Enhanced Barrier Precautions in LTCFs](https://www.cdc.gov/eid/content/topic免疫/enhanced-barrier-precautions-in-ltcf.html).

[English](#) | [معلومات باللغة العربية \(Arabic\)](#) | [中文信息 \(Chinese\)](#) | [فارسی \(Farsi\)](#)  
[한국어 정보 \(Korean\)](#) | [Macluumaad Af-Soomaali ah \(Somali\)](#) |  
[Español \(Spanish\)](#) | [Impormasyon sa Tagalog \(Tagalog\)](#) | [Thông Tin Bằng Tiếng Việt \(Vietnamese\)](#)

[www.sdhai.org](http://www.sdhai.org)



# Respiratory Virus Update



## San Diego County Respiratory Virus Surveillance Report

Prepared by Epidemiology and Immunization Services Branch

[www.sdepi.org](http://www.sdepi.org)

November 14, 2024

### COVID-19

Cases  
**18,895**

Deaths  
**166**

Outbreaks\*  
**143**

6/30/2024 – 11/9/2024

### Influenza

Cases  
**1,209**

Deaths  
**6**

Outbreaks\*  
**1**

6/30/2024 – 11/9/2024

### RSV

Cases  
**155**

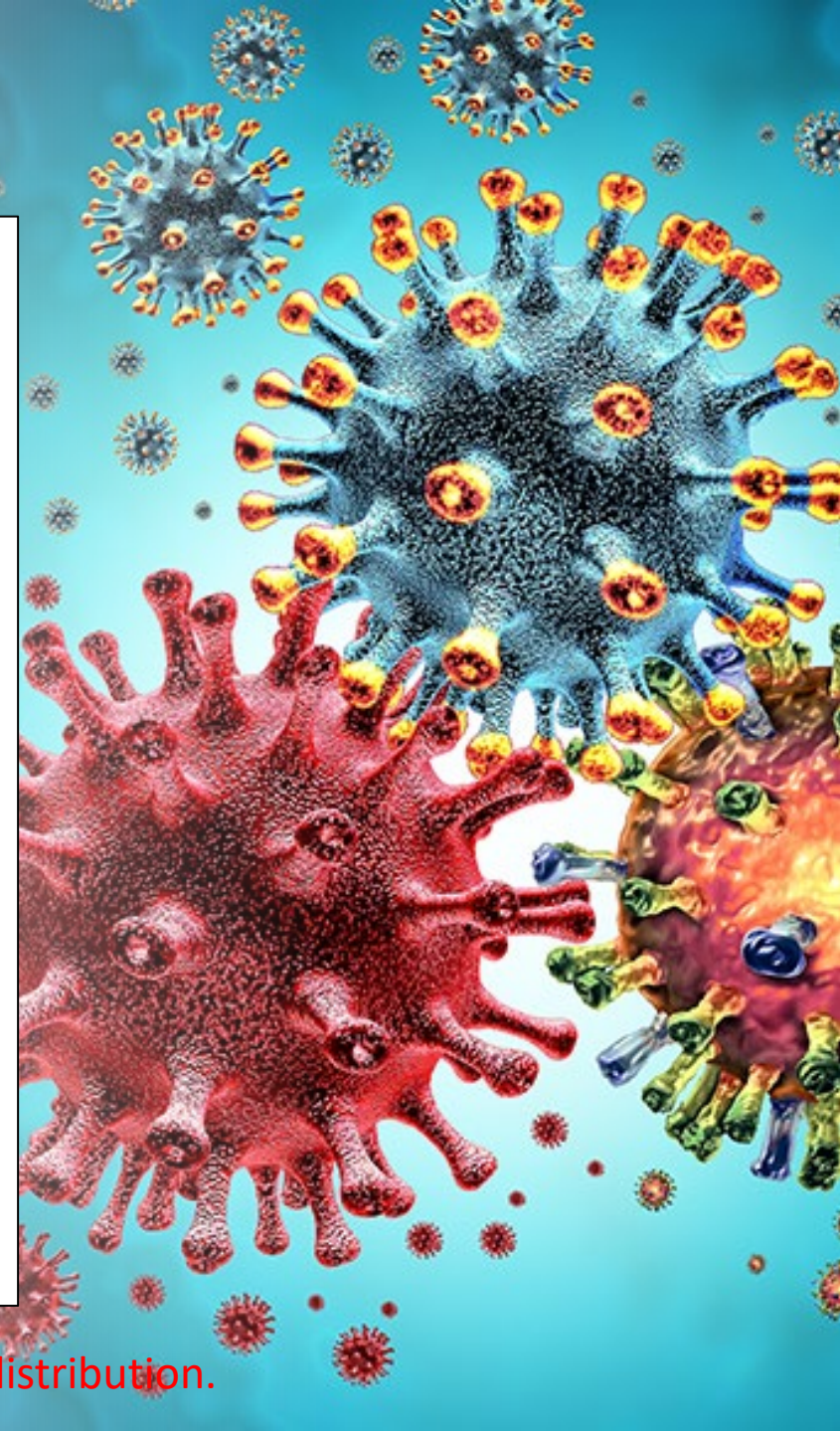
Deaths  
**0**

Outbreaks\*  
**0**

6/30/2024 – 11/9/2024

\*In residential congregate settings

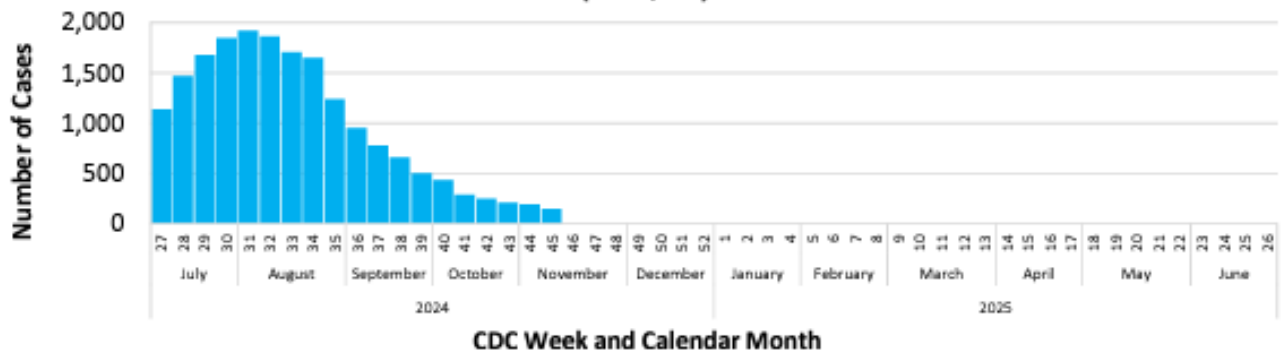
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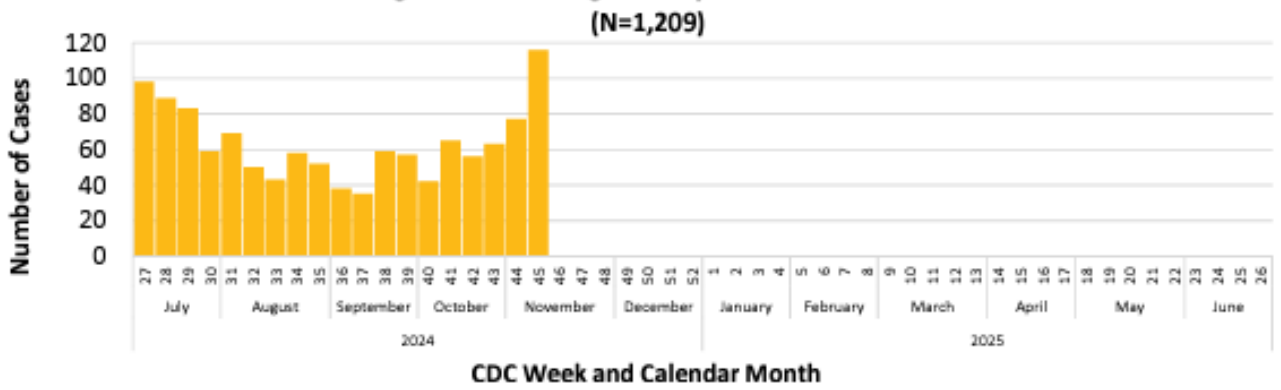


# Respiratory Virus Update

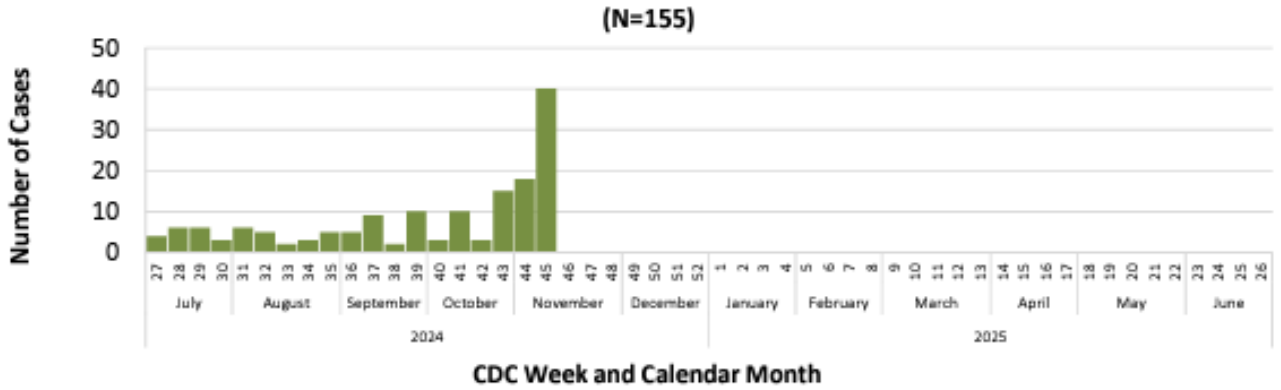
**Figure 1.1. San Diego County COVID-19 Confirmed and Probable Cases (N=18,895)**



**Figure 1.2. San Diego County Influenza Cases (N=1,209)**



**Figure 1.3. San Diego County RSV Cases (N=155)**



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\*Episode date is the earliest available of symptom onset date, specimen collection date, date of death, date reported. Data for the most recent week may be incomplete.

# Respiratory Season Reminders



## Reporting

- Report Outbreaks: [PHS.OutbreakReporting.HHSA@sdcounty.ca.gov](mailto:PHS.OutbreakReporting.HHSA@sdcounty.ca.gov)
- Reporting Guidelines:  
[https://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/community\\_epidemiology/dc/2019-nCoV/Reporting.html](https://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/community_epidemiology/dc/2019-nCoV/Reporting.html)

## Where to find guidance:

- CDPH Recommendations for Prevention and Control of COVID-19, Influenza, and Other Respiratory Viral Infections in California Skilled Nursing Facilities  
[https://www.cdph.ca.gov/Programs/CHCQ/HAI/CDPH%20Document%20Library/CA\\_RecsPrevControl\\_RespVirus\\_SNFs.pdf](https://www.cdph.ca.gov/Programs/CHCQ/HAI/CDPH%20Document%20Library/CA_RecsPrevControl_RespVirus_SNFs.pdf)
- CDPH All Facilities Letters <https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/COVID-19-AFLs.aspx>

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# Respiratory Test Kits



## COVID-19 Test Kits through CDPH:

- Only will be available through 12/31/24
- Intended for testing needed for RESIDENTS only:
- Email [OTCTesting@cdph.ca.gov](mailto:OTCTesting@cdph.ca.gov) with questions or use the order form:  
<https://labsupport.powerappsportals.us/ordercovidotc/>

## Additional ways to obtain COVID-19 Test Kits:

- [COVID-19 Testing \(ca.gov\)](https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/COVID-19-Testing.aspx) – additional testing options for uninsured/underinsured individuals
- [www.COVIDTests.gov](https://www.COVIDTests.gov) – U.S. households can order 4 free COVID-19 tests through federal government

No unexpired COVID/Flu CLIA-waived tests available through County/CDPH

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# Federal Health Partner Ordering Portal



- **Health and Human Services (HSS) Health Partner Ordering Portal (HPOP)** is available as a resource for organizations for **COVID-19 Testing supplies** for facilities/organizations that provide resources/services/care for uninsured/underinsured and/or those of the age of 65 years of age.
  - Licensed Care Facilities, including SNFs, RCFEs, ARFs, Adult Day Care, Community Health Clinics, etc. are eligible.
- Intended as a preparedness resource, not able to ship with a fast turnaround.
- CDPH will be assisting entities to sign-up for HPOP through January 15, 2025.
- It can take up to 10-14 days for HPOP access to be granted
- For more information, please email [OTCtesting@cdph.ca.gov](mailto:OTCtesting@cdph.ca.gov)

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# County/CDPH Briefings



- **NHSN & HAI Nursing Home Office Hours:**
  - Monthly 3<sup>rd</sup> Tuesday @11:30AM-12:30PM
  - Next session is **12/17/24**
- **County LTC Sector Bi-Monthly Telebriefing:**
  - Bi-monthly 4th Thursday @ 2PM-3PM
  - Next briefing is on **1/23/25**
- **CDPH/HSAG SNF IP Webinars:**
  - Bi-monthly 4th Wednesday @ 3PM-4PM
  - Further meetings on **HOLD**



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# Contact Hour Instructions

Ensure

- Ensure your full name identifies you on Teams

Enjoy

- Enjoy the full presentation

Complete

- Complete the post-evaluation

# Infection Preventionist Role in Occupational Health



Healthcare  
Associated  
Infections  
Program



**Jennifer West, BSN, RN, PHN**

Public Health Nurse  
County of San Diego

Healthcare-Associated Infections Program

**Deborah Kash, BSN, RN, PHN**

Quality Assurance Specialist  
County of San Diego

Healthcare-Associated Infections Program

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# Objectives

**Upon completion of this training, the nurse will be able to:**

- ▶ Describe the role of the IP in an Occupational Health Program.
- ▶ State 3 elements of an Occupational Health program.
- ▶ Identify 2 required OSHA written plans for an Occupational Health program.





# What is an Occupational Health Program?

An occupational health program is an essential and necessary element in efforts to provide a safe environment for patients and Healthcare Personnel.

# Healthcare Personnel

OSHA defines healthcare personnel as **all paid and unpaid persons** working in healthcare settings who have the potential for exposure to infectious materials, including body substances, contaminated medical supplies and equipment, contaminated environmental surfaces, or contaminated air.



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A group of diverse healthcare professionals, including doctors and nurses, are seated in a circle in a meeting room, engaged in a discussion. They are wearing professional attire such as white lab coats and blue scrubs. The background shows a typical office or hospital setting with a white wall and a door.

# Infection Preventionist's Role in the Occupational Health Program

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**Identify risks**



**Prevention**



**Response**



**Resource**

# Infection Preventionist Role

# Occupational Health and IP Program

## Occupational health

- Vaccines (influenza)
- Respirator fit testing
- TB testing
- Infectious disease exposure investigations
- Post-exposure management
- Counseling
  - Infectious disease exposure risk
  - Work restriction
  - Latex allergies
- Compliance with CA regulation
  - [Bloodborne Pathogen Standard](#)
  - [Airborne Transmissible Disease Standard \(PDF\)](#)

[https://www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/SNF\\_EstablishingIC\\_Program.aspx](https://www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/SNF_EstablishingIC_Program.aspx)

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Put in the chat:

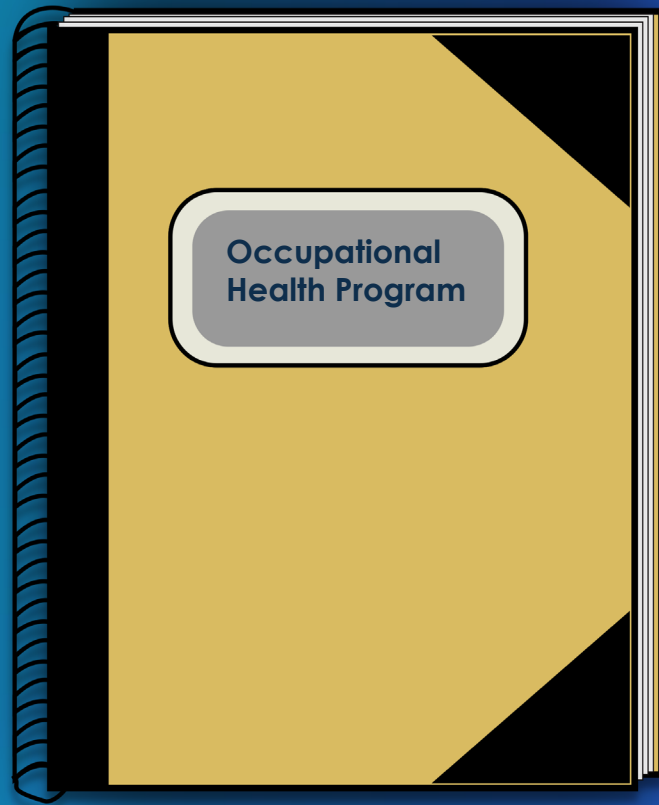
What activities  
do you  
participate in?

#### Occupational health

- Vaccines (influenza)
- Respirator fit testing
- TB testing
- Infectious disease exposure investigations
- Post-exposure management
- Counseling
  - Infectious disease exposure risk
  - Work restriction
  - Latex allergies
- Compliance with CA regulation
  - [Bloodborne Pathogen Standard](#)
  - [Airborne Transmissible Disease Standard \(PDF\)](#)

[https://www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/SNF\\_EstablishingIC\\_Program.aspx](https://www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/SNF_EstablishingIC_Program.aspx)

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# Elements of Occupational Health Program

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# Elements of Occupational Health Services



## Medical evaluations

- ▶ Pre-placement
- ▶ Annual



## Job illness/injury/exposure management

- ▶ Treatment/evaluation
- ▶ Source testing
- ▶ Education
- ▶ Counseling



## Operation

- ▶ Policies/procedures/plans
- ▶ Maintain confidential employee health records

## Process Improvement

- ▶ Analysis and trending
- ▶ Projects

## Coordination

- ▶ Infection Prevention
- ▶ Engineering
- ▶ Safety
- ▶ Risk Management
- ▶ Human Resources
- ▶ Workers Compensation

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# Pre - Placement Medical Evaluation

History and  
Physical

Tuberculosis  
Screening

Immunity  
Status -  
Immunizations

Symptom  
Evaluation  
& Testing

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# Immunizations

**Table 1** Recommended Adult Immunization Schedule by Age Group, United States, 2024

Vaccine	19–26 years	27–49 years	50–64 years	≥65 years
COVID-19	1 or more doses of updated (2023–2024 Formula) vaccine (See Notes)			
Influenza inactivated (IIV4) or Influenza recombinant (RIV4)	1 dose annually			
Influenza live, attenuated (LAIV4)	1 dose annually			
Respiratory Syncytial Virus (RSV)	Seasonal administration during pregnancy. See Notes.			≥60 years
Tetanus, diphtheria, pertussis (Tdap or Td)	1 dose Tdap each pregnancy; 1 dose Td/Tdap for wound management (see notes)			
	1 dose Tdap, then Td or Tdap booster every 10 years			
Measles, mumps, rubella (MMR)	1 or 2 doses depending on indication (if born in 1957 or later)			For healthcare personnel, see notes
Varicella (VAR)	2 doses (if born in 1980 or later)		2 doses	
Zoster recombinant (RZV)	2 doses for immunocompromising conditions (see notes)		2 doses	
Human papillomavirus (HPV)	2 or 3 doses depending on age at initial vaccination or condition	27 through 45 years		
Pneumococcal (PCV15, PCV20, PPSV23)				See Notes
				See Notes
Hepatitis A (HepA)	2, 3, or 4 doses depending on vaccine			
Hepatitis B (HepB)	2, 3, or 4 doses depending on vaccine or condition			
Meningococcal A, C, W, Y (MenACWY)	1 or 2 doses depending on indication, see notes for booster recommendations			
Meningococcal B (MenB)	19 through 23 years	2 or 3 doses depending on vaccine and indication, see notes for booster recommendations		
Haemophilus influenzae type b (Hib)	1 or 3 doses depending on indication			
Mpox				

Recommended vaccination for adults who meet age requirement, lack documentation of vaccination, or lack evidence of immunity

Recommended vaccination for adults with an additional risk factor or another indication

Recommended vaccination based on shared clinical decision-making

No recommendation/Not applicable

# Healthcare Personnel Required Vaccines

Vaccines that are required to be offered, at no cost, to non-immune HCP employees per Airborne Transmissible Diseases Standard (ATD) /Bloodborne Pathogen (BBP) Standard

- ▶ Hepatitis B vaccine
- ▶ Influenza vaccine
- ▶ COVID vaccine\*
- ▶ Measles, mumps, and rubella (MMR) vaccine
- ▶ Tetanus, diphtheria, and acellular pertussis (Tdap) vaccine
- ▶ Varicella vaccine (not zoster vaccine)

\*provide education and availability, may have cost



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# Hepatitis B Vaccine



- ▶ **All HCP who are at risk for occupational blood or body fluid exposure should have documentation of completing the hepatitis B vaccine series (or a signed declination form).**
  - ▶ HCP who have recently completed the vaccine series, should undergo anti-HBs (immunity) testing. Anti-HBs testing should be performed 1–2 months after administration of the last dose of the vaccine series.
  - ▶ HCP with documentation of vaccine of hepatitis B vaccine, but no documentation of immunity may undergo anti-HBs testing upon hire or matriculation. Qualitative testing is sufficient.
  - ▶ Alternatively, employers may choose to perform anti-HBs testing only if such HCP later report a blood or body fluid exposure.



# Influenza Vaccine

- ▶ Influenza vaccine is recommended for all HCP
- ▶ Given seasonally, usually starting in September or October each year.
- ▶ San Diego County Health Officer Order
  - ▶ **Vaccine or, if they decline, to wear a mask during the annual influenza season (November 1 - March 31)**



**FLU  
SHOT**



**FIGHT - THE - FLU**





# COVID VACCINE

- ▶ Educate staff on benefits and potential side effects
- ▶ Offer the vaccine\*

\*Healthcare facilities are not required to pay for vaccine

[WWW.CMS.GOV/FILES/DOCUMENT/QSO-21-19-NH.PDF](http://WWW.CMS.GOV/FILES/DOCUMENT/QSO-21-19-NH.PDF)

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## Measles, Mumps, and Rubella (MMR) Vaccine

- ▶ Documented 2 doses of MMR vaccine or provide documentation of IgG positivity for measles, mumps, and rubella.
  - ▶ Healthcare personnel born before 1957 - Although persons born in the U.S. before 1957 are generally presumed to be immune to measles, mumps, and rubella because most will have had natural disease, not all people born before 1957 will be immune. Consider testing.

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# Tetanus, diphtheria, and acellular pertussis vaccine (Tdap)



[This Photo](#) by Unknown Author is licensed under [CC BY-SA-NC](#)



Currently, only 1 dose of Tdap is recommended



Tdap or Td boosters recommended for all persons every 10 years\*

\*Healthcare facilities are not required to provide boosters outside of Occupational Health exposure

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# Varicella Vaccine



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## ACIP considers the following criteria as presumptive evidence of immunity to varicella:

- ▶ Documentation of 2 doses of varicella vaccine.
- ▶ Laboratory evidence of varicella immunity (IgG) or laboratory confirmation of disease
- ▶ Healthcare provider diagnosis or verification of history of varicella disease or herpes zoster (shingles).
- ▶ Institutions may also elect to perform varicella immunity (IgG) testing for all HCP who state a history of disease.

Advisory Committee on Immunization Practices (ACIP)

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[www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/Immunization/HCWIZRecs.pdf](http://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/Immunization/HCWIZRecs.pdf)



# Vaccine Handling Requirement



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# Vaccine Storage Unit

- Vaccines need to be **placed in the central area of the storage unit**, away from walls, vents, and coils.
  - Avoid placing vaccines on the top shelf
  - There must be enough room to store the year's largest inventory without crowding
- A **calibrated thermometer** should be placed inside each storage unit
- The storage unit must be **dedicated** to the storage of vaccines



<https://eziz.org/>

Reference: Centers for Disease Control and Prevention (CDC). *Vaccine Storage and Handling Toolkit*. CDC website, 2013. Available at: <https://www.cdc.gov/vaccines/hcp/admin/storage/toolkit/storage-handling-toolkit.pdf>

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# Buffered Temperature Probe

## Buffered Temperature Probe

A probe is “buffered” by immersing it in a vial filled with liquid (e.g., glycol, ethanol, glycerin), loose media (e.g., sand, glass beads), or a solid block of material (e.g., Teflon®, aluminum).

Temperature probe designed to prevent false readings by protecting the thermometer from sudden changes in temperature that can occur when opening a refrigerator door.



Reference: Centers for Disease Control and Prevention (CDC). *Vaccine Storage and Handling Toolkit*. CDC website. 2012. Available at: <https://www.cdc.gov/vaccines/hcp/admin/storage/toolkit/storage-handling-toolkit.pdf>

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# Vaccine Temperatures

Refrigerators should maintain temperatures between **2° C and 8° C (36° F and 46° F)**.

Freezers should maintain temperatures between **-50° C and -15° C (-58° F and +5° F)**.

TABLE 7-1. Vaccine storage temperature recommendations

Nonlyophilized, aluminum-adsorbed vaccines		
Vaccines	Vaccine storage temperature	Diluent storage temperature
Diphtheria-tetanus-containing vaccines (DT, Td) or pertussis-containing vaccines (DTaP, Tdap)	2°C-8°C (36°F-46°F) Do not freeze	No diluent <sup>(a)</sup>
HepA and HepB	2°C-8°C (36°F-46°F) Do not freeze	No diluent
MenB <sup>(b)</sup>	2°C-8°C (36°F-46°F) Do not freeze	No diluent
PCV13	2°C-8°C (36°F-46°F) Do not freeze	No diluent
PCV15	2°C-8°C (36°F-46°F) Do not freeze	No diluent
PCV20	2°C-8°C (36°F-46°F) Do not freeze	No diluent
HPV <sup>(b)</sup>	2°C-8°C (36°F-46°F) Do not freeze	No diluent
Nonlyophilized, nonaluminum-adsorbed vaccines		
Vaccines	Vaccine storage temperature	Diluent storage temperature
PRP-OMP Hib	2°C-8°C (36°F-46°F)	No diluent
IPV <sup>(b)</sup>	2°C-8°C (36°F-46°F)	No diluent
MenACWY <sup>(b),(c)</sup>	2°C-8°C (36°F-46°F)	No diluent
PPSV	2°C-8°C (36°F-46°F)	No diluent
IIV <sup>(b)</sup>	2°C-8°C (36°F-46°F)	No diluent
RZV <sup>(b)</sup>	2°C-8°C (36°F-46°F) Do not freeze	2°C-8°C (36°F-46°F) Do not freeze
Lyophilized (non-varicella) vaccines		

Reference: Centers for Disease Control and Prevention (CDC). *Vaccine Storage and Handling Toolkit*. CDC website. 2012. Available at: <https://www.cdc.gov/vaccines/hcp/admin/storage/toolkit/storage-handling-toolkit.pdf>

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# Annual Medical Evaluation



**TB  
screening/testing\***

\* CDPH title 22  
requires  
annual, CDC  
does not

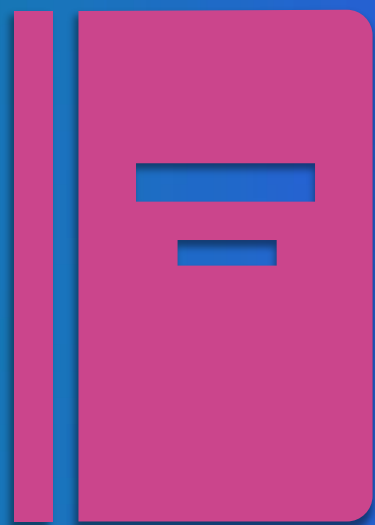


**N95 Respirator fit testing**



**Influenza vaccination, offered  
COVID vaccination, education  
& offered**

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# OSHA PLANS

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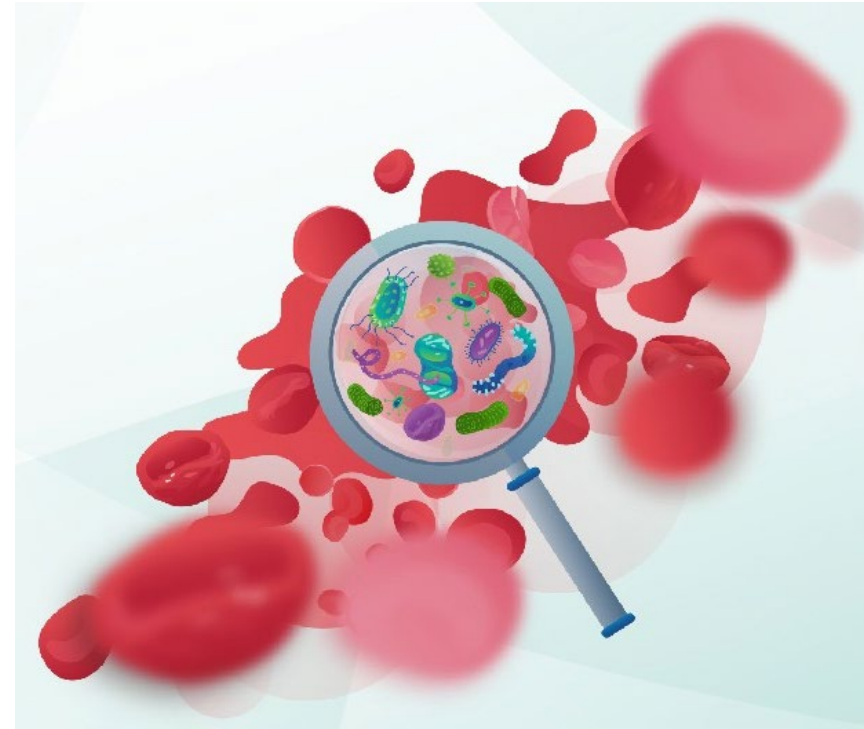
# Bloodborne Pathogen Exposure Control Plan

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# Bloodborne Pathogen (BBP) Exposure Control Plan

- ▶ OSHA 29 CFR 1910.1030
- ▶ Written plan with policy and procedures
  - ▶ Work practice controls
  - ▶ Exposure determinations
  - ▶ Annually reviewed
    - ▶ Actively involving employees in review and update



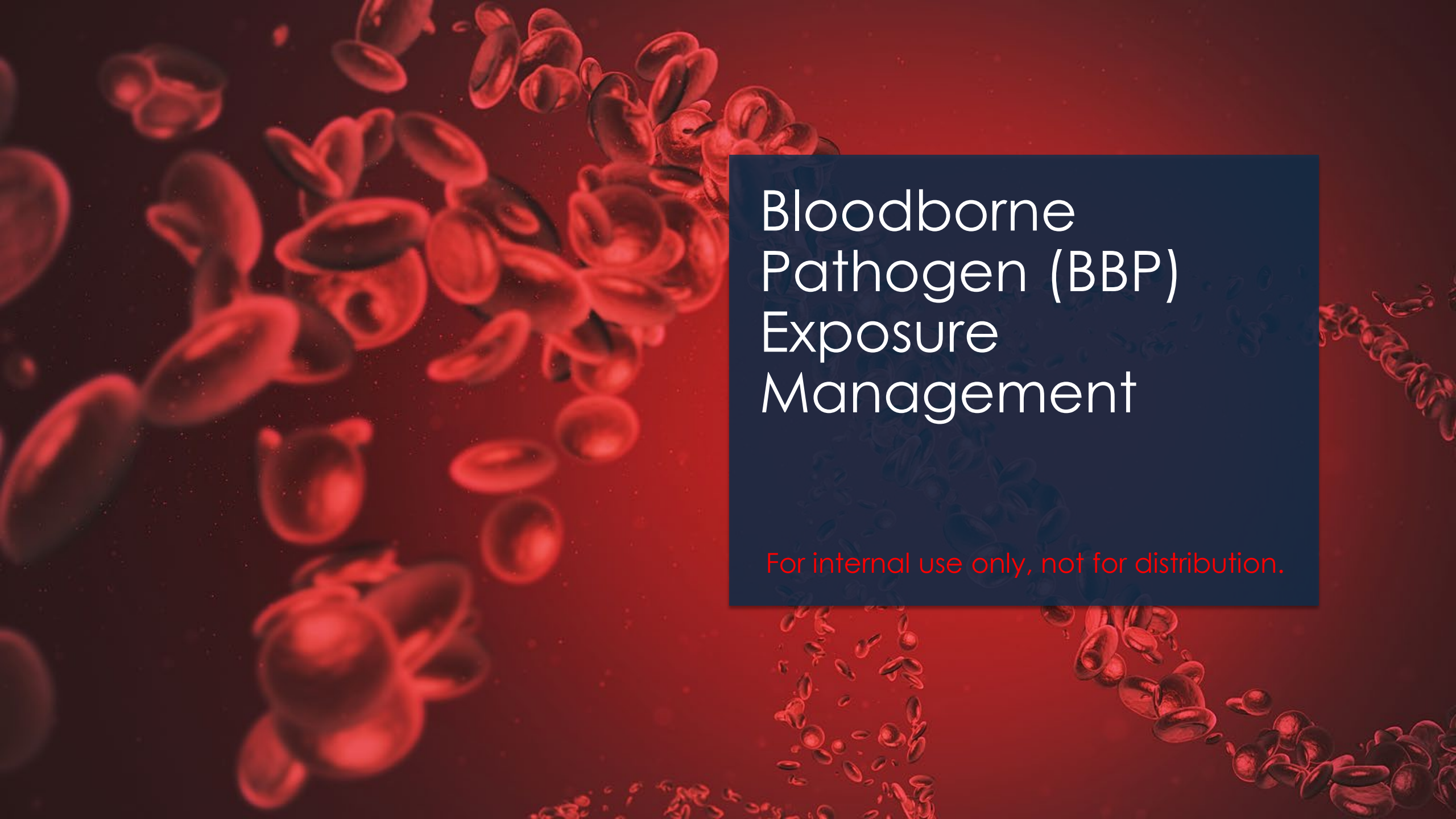
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# BBP Exposure Control Plan

- ▶ Provide Hepatitis B vaccination series
- ▶ Hazard communication and training
  - ▶ Initial and annual HCP training
- ▶ Post exposure management and follow-up
  - ▶ Initial reporting
  - ▶ Rapid access to clinical care
  - ▶ Postexposure prophylaxis (PEP) evaluation and availability
  - ▶ Testing of source person and staff
  - ▶ Evaluating the circumstances
- u Record keeping
  - u Sharps Injury Log (SIL)

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A microscopic view of numerous red blood cells, appearing as biconcave discs, scattered across a dark red background. The cells are illuminated from the side, creating a sense of depth and highlighting their characteristic shape. A dark blue rectangular box is overlaid on the right side of the image, containing white text.

# Bloodborne Pathogen (BBP) Exposure Management

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# Exposure Risk by Injury Type

- ▶ From **highest to lowest** risk:
  - ▶ Deep puncture from a used hollow bore needle
  - ▶ Laceration or wound with a dirty scalpel or instrument
  - ▶ Puncture through a bloody glove
  - ▶ Blood or body fluid on non-intact skin
  - ▶ Non-intact skin or mucous membrane contact with dried blood
  - ▶ Splash to mucous membranes
  - ▶ Human bite

# BBP Exposure Management

- ▶ Immediate first aid:
  - ▶ Clean with soap and water
  - ▶ Flush mucous membranes with water
  - ▶ Flush eyes with clean water or eye wash/irrigation solution
  - ▶ Avoid bleach and other corrosive agents
- ▶ No evidence of benefit from application of antiseptics or disinfectants, or squeezing (milking) puncture sites
- ▶ Immediately test source person and the injured HCP





# Hepatitis B Exposure

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# Hepatitis B Exposure

- ▶ **Exposure definition:**

- ▶ Contact with source person who is HBsAg positive or the person's status being unknown.

- ▶ **Exposed person:**

- ▶ **Vaccinated**, but the vaccine response is unknown -> perform a baseline test
- ▶ **Not vaccinated** -> receive vaccine series at the time of the exposure **AND** Hepatitis B immune globulin, preferably within 24 hours or sooner.

- ▶ **Post Exposure Testing:**

- ▶ **Baseline testing** is not necessary if the exposed person has not been vaccinated or the vaccine response is known.
- ▶ Further testing – 1 to 2 months (only vaccine given)

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# Table 1

HCP status	Post-exposure testing		Post-exposure prophylaxis		Post-vaccination serologic testing
	Source patient	HCP testing	HBIG	Vaccination	
Documented responder after complete series	No action needed				
Documented non-responder after two complete series	Positive/unknown	—	HBIG x2 separated by 1 month	—	n/a
	Negative	No action needed			
Response unknown after complete series	Positive/unknown	<10 mIU/mL	HBIG x1	Initiate revaccination	Yes
	Negative	<10 mIU/mL	—	Initiate revaccination	Yes
	Any result	≥10 mIU/mL	—	—	—
Unvaccinated/incompletely vaccinated or vaccine refusers	Positive/unknown	—	HBIG x1	Complete vaccination	Yes
	Negative	—	None	Complete vaccination	Yes

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# Hepatitis C Exposure

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# Hepatitis C Exposure

- ▶ **Exposure definition:**
  - ▶ Needlesticks/other sharp injuries involving HCV-positive blood.
- ▶ **Exposed person:**
  - ▶ Refrain from donating blood, plasma, organs, tissue, semen
- ▶ **Post Exposure Testing:**
  - ▶ Simultaneous with source-patient testing, test the HCP as soon as possible (preferably within 48 hours) after exposure.



A 3D scientific illustration of HIV virus particles. The particles are shown as blue, spherical structures with a textured surface, some appearing to be budding from a yellowish, textured surface. The background is a dark blue space filled with numerous small, glowing yellow and orange particles, suggesting a microscopic or cellular environment.

# Human Immunodeficiency Virus (HIV) Exposure

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# Human Immunodeficiency Virus

- ▶ **Exposure definition:**

- ▶ Contact with blood/body fluids that sustain percutaneous/mucosal inoculations w/HIV-infected material.

- ▶ **Exposed person:**

- ▶ Practice safer sex by using condoms correctly & consistently, avoid pregnancy, breastfeeding, and blood/organ donation for 6 months after exposure.

- ▶ **Post Exposure Testing:**

- ▶ Baseline at exposure, then 6 weeks, 12 weeks, and 6 months

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# HIV Post Exposure Prophylaxis

## Exposure to HIV is a medical emergency

### ▶ Report

- ▶ To the designated person (i.e. IP), see a doctor or visit an emergency room right away.

### ▶ Get treated

- ▶ Post-exposure prophylaxis (PEP) must be started within 72 hours (3 days) after you have been exposed to HIV.





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- Clinical Resources
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You are here: [Home](#) > [Clinician Consultation](#) > [PEP: Post-Exposure Prophylaxis](#)

## PEP: Post-Exposure Prophylaxis



### Timely answers for urgent exposure management

Get rapid, expert guidance in managing healthcare worker exposures to HIV and hepatitis B and C, including recommendations on when and how to initiate PEP through our online Quick Guide for urgent occupational PEP decision-making, or from experienced clinicians on our telephone consultation service. Note that our hours have changed because of funding limitations. **We cannot accept calls from unknown numbers. Please unblock your phone prior to calling the PEpline.**

Alert: Some calls to the PEpline using a Cisco phone may not go through. Please use another phone or cell phone. We are addressing this issue.

Hours of operation for occupational PEP consultation are **11 a.m. – 8 p.m. ET (seven days a week)**. If you are trying to reach us regarding an occupational PEP question outside of these hours, please check out our [PEP Quick Guide for Occupational Exposures](#).

Hours of operation for non-occupational PEP consultation are **9 a.m. – 8 p.m. ET Monday – Friday, and 11 a.m. – 8 p.m. ET on weekends & holidays.**  
**(888) 448-4911**

CALL

See our [PEP Quick Guide](#) for answers to the most frequently asked questions.

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# Respiratory Protection Plan

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- ▶ [OSHA 1910.134](#)
- ▶ Annual review and risk assessment of transmission
- ▶ Policies & Procedures addressing ATDs
- ▶ Education & training for prevention
- ▶ Engineering controls for management

# Respiratory Protection Plan



- ▶ TB Screening
- ▶ Post exposure management
- ▶ Provide seasonal influenza vaccination
- ▶ Respiratory protection n95 respirator fit-testing
- ▶ Record keeping

# Respiratory Protection Plan

A microscopic view of numerous purple, rod-shaped bacteria, likely Mycobacterium tuberculosis, against a black background. The bacteria are oriented in various directions, some parallel and some perpendicular to each other.

# Tuberculosis Exposure

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# TB Post Exposure Evaluation

- ▶ **Symptom evaluation for all HCP**
- ▶ **Negative baseline TB test** and no prior TB disease or LTBI
  - ▶ Perform a IGRA or TST test when the exposure is identified. If that test is negative, do another test **8-10 weeks after the last exposure**
- ▶ **Exempt** those employees who have a **positive baseline TST** or have had adequate treatment for TB.
  - ▶ If HCP with **previous positive TST report symptoms**, they should be followed with a **chest x-ray**.

**Table 6-1. Interpretations of TST and QFT Results According to the Purpose of Testing for *M. tuberculosis* Infection in Healthcare Setting**

Purpose of Testing	TST	QFT
Baseline	≥10 mm is considered a positive result (either first or second step)	Positive (only one-step)
Serial testing without known exposure	Increase of ≥10 mm is considered a positive result (TST conversion)	Change from negative to positive (QFT conversion)
Known exposure (close contact)	≥5 mm is considered a positive result in persons who have a baseline TST result of 0 mm; an increase of ≥10 mm is considered a positive result in persons with a negative baseline TST result or previous follow-up screening TST result of ≥0 mm	Change to positive

Source: Jensen PA, Lambert LA, Iademarco MF, et al. Guidelines for preventing the transmission of Mycobacterium tuberculosis in health-care settings, 2005. *MMWR Recomm Rep* 2005 Dec 30;54(RR-17):47.

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# TB Post Exposure Evaluation

# IP Role in Occupational Health Review

- ▶ Maintain organizational policies, procedures, plans, and performance measurements to reduce exposure opportunities for patients, visitors, and HCP.
- ▶ Review Immunization requirements for HCP
- ▶ Review the BBP and ATD Standards and their requirements
- ▶ Include Occupational Health in the Annual IP Risk Assessment
- ▶ Review guidelines for occupational health exposure evaluation policies and procedures



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# Resources

- [CDPH Immunization Branch: EZIZ Website](#)
- [www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/Immunization/HCWIZRecs.pdf](http://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/Immunization/HCWIZRecs.pdf)
- [Centers for Disease Control and Prevention \(CDC\) Immunization Schedules](#)
- [Centers for Disease Control and Prevention \(CDC\). Vaccine Storage and Handling Toolkit](#)
- [CDC TB Prevention in Health Care Settings](#)
- [Cal/OSHA Exposure Control Plan for Bloodborne Pathogens template](#)



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# What can the HAI Program do to help?



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# Contact Hour Instructions

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- **Ensure your TEAMS name is your full name**
- **Complete by November 22nd, 5:00 PM**
- **Expect your certificate by December 15<sup>th</sup>.**





# Next Collaborative

**\*\*\*January 22, 2025\*\*\***

**11:00AM – 12:00PM**

**Microsoft TEAMS**

Featured Topic:  
**Adult Learning Principles**

**1 Contact Hour Offered**

Submit questions or  
feedback about today's meeting to:

**[PHS.HAI.HHSA@sdcounty.ca.gov](mailto:PHS.HAI.HHSA@sdcounty.ca.gov)**

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# Contact us at:

[PHS.HAI.HHSA@sdcounty.ca.gov](mailto:PHS.HAI.HHSA@sdcounty.ca.gov)



*The Public Health Services department, County of San Diego Health and Human Services Agency, has maintained national public health accreditation, since May 17, 2016, and was re-accredited by the Public Health Accreditation Board on August 21, 2023.*

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