



Policy: GG.1617
Title: **Infection Control Plan**
Department: Medical Management
Section: Quality Improvement

CEO Approval: /s/ Michael Hunn 10/31/2024

Effective Date: 10/01/1995

Revised Date: 10/01/2024

Applicable to: ☒ Medi-Cal
☒ OneCare
☒ PACE
☐ Administrative

I. PURPOSE

This policy provides guidelines for managing contamination and cross-contamination within the ambulatory setting and, to help prevent the transmission of potentially infectious agents to Members and caregivers.

II. POLICY

- A. All persons providing direct care to Members shall have knowledge and a clear understanding of the basic principles of Infection Control.
- B. Caregivers shall exercise good judgment in determining when and what barriers are needed to prevent exposure to blood and other potentially infectious materials. Basic expectations include the appropriate application of engineering controls, work practice controls, protective equipment, and record keeping, as outlined in Title 8 of the California Code of Regulations (CCR).
- C. Universal Body Substance Precautions, as defined and recommended by the Centers for Disease Control and Prevention (CDC) for isolation precautions, shall be practiced at all times by all Providers, Practitioners, and their employees.
- D. All instruments, environmental surfaces, and wastes shall be properly handled, decontaminated, sterilized, or disposed of using Infection Control precautions and techniques.
- E. All healthcare workers shall immediately report any possible exposure to potentially contaminated objects, Members, or areas to their employee health officer, and be offered any appropriate post-exposure prophylaxis.
- F. CalOptima Health shall review the Infection Control plan every three (3) years pursuant to the Facility Site Review (FSR) requirements outlined by the Department of Health Care Services (DHCS) and CalOptima Health policy.

III. PROCEDURE

- A. All persons with the potential for any contact with Members' blood or other body substances shall have knowledge of the principles of Infection Control.

1. CalOptima Health and its Health Networks shall:

- a. Familiarize Providers and Practitioners with the requirements of the California Occupational Safety and Health Administration (Cal/OSHA), California Department of Health Services (DHCS), Environmental Protection Agency (EPA), Centers for Disease Control and Prevention (CDC), and other appropriate federal, state, or local regulatory agencies;
- b. Provide training, in-service updates, and current information on prevention and management of exposure to all Providers and Practitioners;
- c. Assist with the writing of policies and procedures related to an infection, or exposure, control plan; and
- d. Participate in full scope site reviews and receive a passing score of eighty percent (80%) or above, specifically in Infection Control protocols, in accordance with CalOptima Health Policy GG.1608: Full Scope Site Reviews.

2. Providers and Practitioners are responsible for:

- a. Having knowledge of, and understanding the requirements of, various agencies that govern Infection Control;
- b. Establishing a written exposure control plan, as defined in the Cal/OSHA Bloodborne Pathogen Standard and the Medical Waste Management Act, to be reviewed and updated at least annually, or as job changes affect the risk of occupational exposure;
- c. Providing training and in-service updates to new employees and at least annually, or as required, at no cost to employees;
- d. Requiring employees to be familiar with all applicable policies and procedures, and to read current information and other materials pertaining to Infection Control;
- e. Ensuring that appropriate precautions are used for all Members, employees, and others entering the work environment; and
- f. Providing all necessary personal protective equipment (PPE) at no cost to employees.

3. Providers and Practitioners and their employees are responsible for:

- a. Being familiar with written information relating to Infection Control and prevention;
- b. Adhering to all applicable precautions and procedures regarding Infection Control; and
- c. Being an active participant in any internal Infection Control and prevention program.

B. Handling of Potentially Contaminated Substances

- 1. All surfaces and objects contaminated with blood, or other human body fluids, are defined as potentially contaminated.

2. All personnel shall wear appropriate PPE (i.e., facemask, goggles, face shields, gloves, and gowns) during procedures where contact with blood, or other potentially contaminated materials, is likely to occur.
 3. Hands shall be washed immediately after gloves are removed, or after direct, or indirect, contact with blood, or body substances.
 4. All personnel who have a potential for occupational exposure to bloodborne pathogens shall be offered Hepatitis B vaccine, and any boosters deemed necessary by the CDC, in accordance with Title 8, California Code of Regulations, Section 5193.
 5. Post exposure and follow-up procedures shall be strictly adhered to, as outlined in Title 8, California Code of Regulations, Sections 5193 and 5194.
 6. Disposable instruments and supplies shall be properly disposed of after use. Under no circumstances are disposable items considered appropriate for re-use.
 7. Clean, or sterile, equipment, supplies, and linens shall be separated from soiled, or contaminated, equipment, supplies, and linens at all times. Contaminated sections of a utility room, treatment room, examination room, or other space shall be clearly indicated.
 8. Potentially contaminated instruments shall be handled carefully, with gloves designed to withstand both cleaning products and procedures.
 9. Instruments, equipment, and environmental surfaces shall be cleaned in solutions, or sterilizers, that are appropriate to the level of contamination and that meet appropriate guidelines.
 10. A critical instrument that has penetrated soft tissue, or bone, or has come in contact with mucous membranes, shall be sterilized in a heat pressure sterilizer.
 11. A touch and splash surface that has been exposed to the splatter of blood, or body fluids, shall be carefully disinfected with an intermediate, or higher, level Environmental Protection Agency (EPA) registered hospital grade disinfectant. This includes, but is not limited to, equipment and environmental surfaces.
 12. All specimens of blood, or other potentially infectious materials, shall be placed in leak-proof storage containers, labeled as bio-hazardous, puncture-resistant if applicable, and in a second container if leakage could occur.
 13. Appropriate housekeeping techniques shall be used to prevent cross contamination.
 14. Members with communicable diseases requiring isolation, as defined by the CDC, shall be appropriately managed.
 15. Potentially contaminated waste shall be disposed of as described in Section III.E of this policy.
- C. A Practitioner who knows of, or is in attendance on, a case, or suspected case, of any of the communicable diseases and conditions specified in Title 17, California Code of Regulations, Section 2500, or by local health care agencies or guidance on any other diseases or health conditions as provided by the CDC, shall notify the local health department, in order to protect the public from the spread of infectious, contagious, and communicable disease.

D. Universal Body Substance Precautions

1. All healthcare workers shall take precautions to prevent injuries caused by needles, scalpels, and other sharp instruments, or devices, during procedures, when cleaning used instruments, during disposal of used needles, and when handling sharp instruments after procedures.
2. To prevent needlestick injuries, needles shall not be recapped, broken, or bent. All contaminated sharps shall be stored in a puncture resistant receptacle placed near the work area and inaccessible to unauthorized persons.
3. All contaminated disposable objects shall be placed in lined and covered containers, properly identified with a Biohazardous Waste label.
4. Hands shall be washed before and after any Member contact, including contact using gloves, and after contact with any potentially contaminated objects, or surfaces.
5. All healthcare workers shall routinely use appropriate barrier precautions to prevent skin and mucous membrane exposure when direct, or indirect, contact with blood, or other body fluids, is likely. Barrier precautions shall include, but not be limited to, the use of gloves, gowns, masks, and protective eyewear.
6. Gloves shall be changed in between contact with each Member.
7. Gloves shall be worn for handling items, or surfaces, soiled with blood, or other potentially infectious materials.
8. Gown, masks, and eye protection shall be used when splashes of blood, or other body fluids, are anticipated.
9. All spills of blood, or other potentially infectious material, shall be wiped up immediately, and any surfaces should be cleaned with an approved disinfectant.
10. All surfaces touched during treatment shall be cleaned with an approved disinfectant cleaner. If using a bleach/water mixture, the concentration of sodium hypochlorite must be greater than 5.25%. The bleach/water mixture must be a one to ten (1:10) solution (one (1) part bleach to nine (9) parts water) reconstituted daily.
11. Mouthpieces shall be available in areas where the need for resuscitation is possible, to protect healthcare workers during mouth-to-mouth resuscitation.
12. Healthcare workers who have exudative lesions, or weeping dermatitis, shall refrain from all direct Member care, and from handling Member care equipment.

E. Protocol for Handling and Disposing of Biohazardous Waste

1. Biohazardous waste materials are considered to be contaminated and shall be segregated, handled, and disposed of in such a way as to be consistent with Universal Precautions, and the Cal/OSHA Bloodborne Pathogens Standard and the Medical Waste Management Act.

2. Biohazardous waste includes:
 - a. Any material that has come in contact with pathologic specimens, including human tissues, blood, excretions, and disposable materials with secretions which contain Class I etiologic agents;
 - b. Laboratory waste; or
 - c. Any material believed to be contaminated with etiologic agents.
3. The Practitioner, or designees, shall be responsible for the initial and annual education of employees.
4. All employees shall be trained and familiar with federal, state, and local regulatory agency standards prior to handling any biohazardous waste, or contaminated laundry.
5. A training log shall be kept on the premise for review, upon demand, by any applicable federal, state, or local authority.

IV. ATTACHMENT(S)

Not Applicable

V. REFERENCE(S)

- A. CalOptima Health Contract with the Centers for Medicare & Medicaid Services (CMS) for Medicare Advantage
- B. CalOptima Health Contract with the Department of Health Care Services (DHCS) for Medi-Cal
- C. CalOptima Health, Health Network Service Agreement
- D. CalOptima Health PACE Program Agreement
- E. CalOptima Health Policy GG.1608: Full Scope Site Reviews
- F. Department of Labor, California Occupational Safety and Health Administration (Cal/OSHA) Instruction CPL 02-02-069 "Enforcement Procedures for the Occupational Exposure to Bloodborne Pathogens Standard"
- G. Department of Health Care Services (DHCS) All Plan Letter (APL) 22-017: Primary Care Provider Site Reviews: Facility Site Review and Medical Record Review (Supersedes APL 20-006)
- H. Federal Register 1989, §54:23042
- I. "Guideline for Disinfection and Sterilization in Healthcare Facilities," Centers for Disease Control and Prevention (CDC), 2008 (Update June 2024)
- J. "Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings," Centers for Disease Control and Prevention (CDC), 2007 (Update June 2023)
- K. Health and Safety Code §§117600-118360
- L. Medical Waste Management Act California Health and Safety Code Sections 117600 – 118360 January 2017
- M. Needlestick Safety and Prevention Act
- N. Title 8, California Code of Regulations (CCR), §§5193 and 5194
- O. Title 22, California Code of Regulations (CCR), §§53230 and 53856
- P. Title 29, Code of Federal Regulations (CFR), §1910.1030

VI. REGULATORY AGENCY APPROVAL(S)

Date	Regulatory Agency	Response
01/23/2019	Department of Health Care Services (DHCS)	Non Responsive 90-Days 04/29/2019

VII. BOARD ACTION(S)

None to Date

VIII. REVISION HISTORY

Action	Date	Policy	Policy Title	Programs
Effective	10/01/1995	GG.1617	Infection Control Protocol	Medi-Cal
Revised	10/10/2004	GG.1617	Infection Control Protocol	Medi-Cal
Revised	04/01/2007	GG.1617	Infection Control Plan	Medi-Cal
Revised	04/01/2013	GG.1617	Infection Control Plan	Medi-Cal OneCare
Revised	12/01/2016	GG.1617	Infection Control Plan	Medi-Cal OneCare OneCare Connect PACE
Revised	11/01/2017	GG.1617	Infection Control Plan	Medi-Cal OneCare OneCare Connect PACE
Revised	01/01/2019	GG.1617	Infection Control Plan	Medi-Cal OneCare OneCare Connect PACE
Revised	02/01/2020	GG.1617	Infection Control Plan	Medi-Cal OneCare OneCare Connect PACE
Revised	12/31/2022	GG.1617	Infection Control Plan	Medi-Cal OneCare PACE
Revised	10/01/2023	GG.1617	Infection Control Plan	Medi-Cal OneCare PACE
Revised	10/01/2024	GG.1617	Infection Control Plan	Medi-Cal OneCare PACE

IX. GLOSSARY

Term	Definition
Infection Control	For the purposes of this policy, refers to procedures and protocols designed to minimize the transmission of illness, disease, and/or infection through preventative and reactive measures including, but not limited to, staff vaccination requirements, appropriate disposal protocols, routine maintenance, personal protective equipment (PPE), and standard/universal precautions. Infection Control is an element reviewed as part of the Department of Health Care Services' (DHCS) Facility Site Review (FSR).
Facility Site Review (FSR)	A DHCS tool utilized to assess the quality, safety and accessibility of PCPs and high-volume specialist's physician offices.
Member	A beneficiary enrolled in a CalOptima Health program.
Practitioner	A licensed independent Practitioner including but not limited to a Doctor of Medicine (MD), Doctor of Osteopathy (DO), Doctor of Podiatric Medicine (DPM), Doctor of Chiropractic Medicine (DC), Doctor of Dental Surgery (DDS), Doctor of Psychology (PhD or PsyD), Licensed Clinical Social Worker (LCSW), Marriage and Family Therapist (MFT or MFCC), Nurse Practitioner (NP), Nurse Midwife, Physician Assistant (PA), Optometrist (OD), Registered Physical Therapist (RPT), Occupational Therapist (OT), Speech and Language Therapist furnishing Covered Services as described in CalOptima Health Policies.
Provider	<p><u>Medi-Cal</u>: Any individual or entity that is engaged in the delivery of services, or ordering or referring for those services, and is licensed or certified to do so.</p> <p><u>OneCare</u>: Any Medicare provider (e.g., hospital, skilled nursing facility, home health agency, outpatient physical therapy, comprehensive outpatient rehabilitation facility, end-stage renal disease facility, hospice, physician, non-physician provider, laboratory, supplier) providing Covered Services under Medicare Part B. Any organization, institution, or individual that provides Covered Services to Medicare members. Physicians, ambulatory surgical centers, and outpatient clinics are some of the providers of Covered Services under Medicare Part B.</p>