8.   INFECTION CONTROL

A.   Infection Control

APPLIES TO:

A. This policy applies to all Providers who provide care and services to IEHP Medi-Cal Members.

POLICY:

A. IEHP, its IPAs and all Providers must establish and maintain an infection prevention and control program, that includes policies and procedures, designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.[1]

PROCEDURES:

Infection Control Standards

A. IEHP infection control standards follow the Federal Occupational Safety and Health Administration (OSHA) Bloodborne Pathogen Directives and universal precaution regulations,[2] and the infection control criteria requirements set forth by the Department of Health Care Services (DHCS) through the Facility Site Review (See Attachment/-"DHCS MMCD Facility Site Review Standards" found on the IEHP website[3]in section 6). Providers can access the OSHA regulations here: https://www.dir.ca.gov/title8/5193.html

Public Health Emergency

A. Provider sites and facilities must comply with any new or urgent guidelines set forth by the Centers of Disease Control and Prevention (CDC), OSHA, and California Department of Public Health (CDPH) in response to a public health emergency.

IEHP and IPA Responsibilities

A. IPAs must ensure their Provider sites and facilities have infection control policies and procedures that comply with IEHP requirements noted above and at a minimum, meet the following standards:[4]

   1. Compliance with all Federal and State OSHA requirements for:

      a. Body substance isolation and control;

      b. Hepatitis B vaccination of at-risk employees; and

      c. CDC recommendations for post-exposure treatment, prophylaxis and follow-up.

   2. Compliance with all Federal, State or local requirements for the handling of biohazardous waste;

---

[1] Title 42, Code of Federal Regulations (CFR) § 483.80
[2] Title 8, California Code of Regulations (CCR) § 5193
[3] https://www.iehp.org/en/providers/provider-resources?target=forms
[4] 42 CFR § 483.80

8. INFECTION CONTROL

A. Infection Control

3. Specific policies outlining available protective equipment including type, location, and appropriate use; and

4. Specific policies outlining training requirements for applicable staff, including methods for documenting attendance.

B. IEHP ensures that all Primary Care Provider (PCP) sites have the training, equipment and procedures noted below:[5]

1. Infection control training for all staff;

2. Application of total body substance isolation procedures and universal precautions;

3. Application of Member isolation precautions for communicable diseases;

4. Adequate infection control equipment (gloves, masks, gown, etc.) and training in proper use;

5. Policies regarding sharps disposal and adequate equipment for same;

6. Proper techniques for sterilization of equipment including appropriate methods, proper autoclave use, maintenance and spore testing and ~~time frames~~ appropriate for storage of sterilized instruments, if applicable;

7. Proper cleaning of surfaces including proper use of disinfectants and frequency;

8. Procedures in the event of bloodborne pathogen and/or body fluid exposure (needle sticks, blood splashes, etc.); and

9. Proper bio-hazardous waste disposal and handling.

C. All IPA medical staff and Providers that become aware of Members with reportable diseases are required to report these cases to Public Health authorities as specified by State regulations. Please refer to Policy 10K, "Reporting Communicable Diseases to Public Health Authorities"

D. IEHP and its IPAs are responsible for Infection Control monitoring and oversight of their contracted PCPs. IEHP monitors infection control policies and practices through the PCP Facility Site Review Surveys. Please see Policy 6A, "Facility Site Review and Medical Record Review Survey Requirements and Monitoring" and or Focused Audits.

E. PCP sites and other healthcare facilities must train and record attendance of annual training of their staff and keep record for a minimum of ~~every~~ three (3) years from the audit date.

INLAND EMPIRE HEALTH PLAN		
Chief Approval: *Signature on file*	Original Effective Date:	September 1, 1996
Chief Title: Chief Medical Officer	Revision Date:	January 1, 2023

8.   INFECTION CONTROL

A.   Infection Control

INLAND EMPIRE HEALTH PLAN		
Regulatory/ Accreditation Agencies:	☐ DHCS	☐ CMS
	☐ DMHC	☐ NCQA
Original Effective Date:	September 1, 1996	
Revision Effective Date:	January 1, 2024	