

Facility Site Review Annual Personnel Training

Personnel Training

- What does the FSR team look for to verify Evidence of Staff Training?
 - Informal in-services
 - New staff orientation
 - External training courses
 - Educational curriculum & participant list
- What if documentation not on site?
 - Staff able to locate and use training information
 - Example: staff able to describe policies and procedures
- Note: Training requirements may differ between site staff based on roles, job functions and responsibilities, or scope of practice

Personnel Training

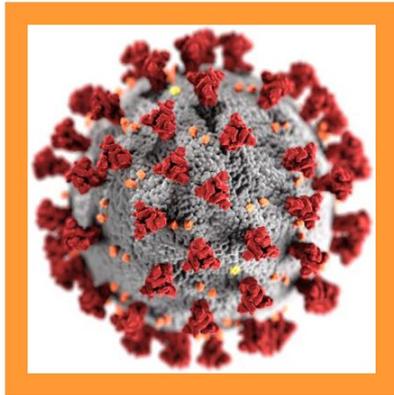
- SFHP resources for documenting completed trainings
 - [Evidence of Staff Training Log](#)
 - [Training Crosswalk Template](#)
 - Identify and match internal/external trainings to required trainings

EVIDENCE OF STAFF TRAINING			
Employee's Name: _____		Date of Hire: _____	
Employee's Position: _____		License Number: _____	
Trainer or Learning Management System (LMS): _____			
Annual Trainings			
Topic	Brief description of training content	Training Dates	
Infection Control & Universal Precautions			
Blood Borne Pathogens Exposure/Prevention			
Biohazardous Waste Handling			
Trainings Upon Hire (and as needed)			
Topic	Brief description of training content	Training Date	
Fire Safety & Prevention			
Non-Medical Emergency Procedures: natural disaster (e.g. earthquakes), workplace violence, etc.			
Medical Emergency Procedures & Action Plan			
Patient Confidentiality			
Informed Consent, including Human Sterilization			
Prior Authorization Requests			
Grievance/Complaint Procedure			
Child, Elder, Domestic Violence Abuse			
Sensitive Services/Minors' Rights			
Health Plan Referral Process/Procedures/Resources			
Cultural & Linguistics			
Disability Rights & Provider Obligations			
Trainings as needed			
Topic	Brief description of training content	Training Date	
Medication Administration Methods			
Operation of Medical Equipment or Performance of Critical Laboratory Procedures			

Training Name	Training Platform/Trainer	Course Name	Description
Infection Control & Universal Precautions			
Blood Borne Pathogens Exposure Prevention			
Biohazardous Waste Handling			
Fire Safety & Prevention			
Non-Medical Emergency Procedures			
Medical Emergency Procedures & Action Plan			
Patient Confidentiality			
Informed Consent, including Human Sterilization			
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Cultural & Linguistics			
Disability Rights & Provider Obligations			

Personnel Training

- There is evidence that site staff has received information and/or training on:
 - Infection Control & Universal Precautions
 - Blood Borne Pathogens Exposure Prevention
 - Biohazardous Waste Handling



Infection Control & Universal Precautions

Site personnel will apply the principles of "Standard Precautions" (CDC, 1996), used for all patients regardless of infection status. Standard precautions apply to blood, all body fluids, non-intact skin, and mucous membranes, which are treated as potentially infectious for HIV, HBV or HCV, and other blood borne pathogens.

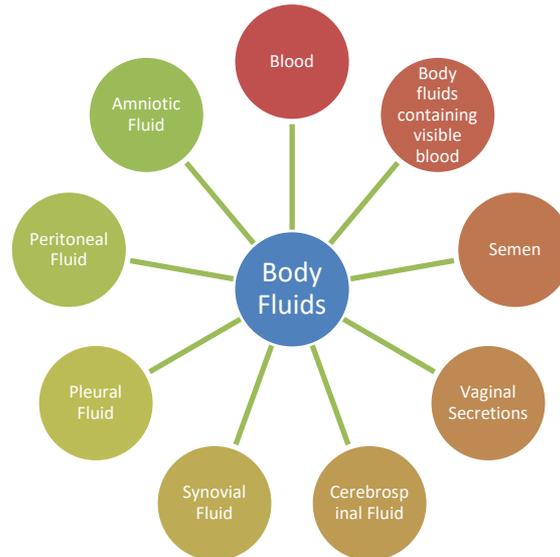
Standard Precautions are used for all patient care. They're based on a risk assessment and make use of common-sense practices and personal protective equipment use that protect healthcare providers from infection and prevent the spread of infection from patient to patient. ([CDC, 2016](#))

- Perform hand hygiene
- Use PPE
- Follow respiratory hygiene/cough etiquette
- Ensure appropriate patient placement
- Properly handle/clean & disinfect patient care equipment/instruments/devices
- Handle textiles/laundry carefully
- Follow safe injection practices/handling of needles and other sharps

Infection Control & Universal Precautions

Universal precautions refer to the OSHA mandated program that requires implementation of work practice controls, engineering controls, blood borne pathogen orientation/education, and record keeping in healthcare facilities.

- According to the concept of Universal Precautions, **all human blood** and **certain human body fluids** are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens." Therefore, blood and tissue must be handled in the same manner regardless of a patient's perceived or known risk.



Infection Control & Universal Precautions

- What personal protective equipment (PPE) should be available for staff use on site?
 - A. Gloves
 - B. Gown (water repellent clothing barrier)
 - C. Goggles/Face Shield (face/eye protection)
 - D. Mask (respiratory infection protection)

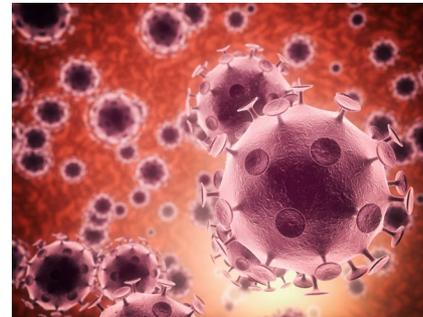
SEQUENCE FOR PUTTING ON PERSONAL PROTECTIVE EQUIPMENT (PPE)

The type of PPE used will vary based on the level of precautions required, such as standard and contact, droplet or airborne infection isolation precautions. The procedure for putting on and removing PPE should be tailored to the specific type of PPE.

- 1. GOWN**
 - Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back
 - Fasten in back of neck and waist
- 2. MASK OR RESPIRATOR**
 - Secure ties or elastic bands at middle of head and neck
 - Fit flexible band to nose bridge
 - Fit snug to face and below chin
 - Fit-check respirator
- 3. GOGGLES OR FACE SHIELD**
 - Place over face and eyes and adjust to fit
- 4. GLOVES**
 - Extend to cover wrist of isolation gown

Infection Control & Universal Precautions

- What is your site's communicable disease isolation protocol?
 - A. Patients with a communicable disease will be brought IMMEDIATELY to a separate examination room and are not permitted to remain in the waiting room.
 - B. A separate entrance should be used if available and if possible, the patient should be scheduled at the end of the day to decrease the exposure to any other individuals.
 - C. Designated examination room is number _____ if available. For airborne isolation, this room must remain closed with no admittance for at least one hour after the patient leaves. After 1 hour the room must be disinfected with the appropriate EPA approved, tuberculocidal disinfectant.



Infection Control & Universal Precautions

Your FSR reviewer may ask:

- Does the site have handwashing facilities or alternative?
- Are plain and antiseptic hand wash products available, properly maintained and/or dispensed to prevent contamination?
- What work practice controls/exposure prevention elements are in place?
- What is your process for handling, properly cleaning, and disinfecting care equipment and instruments/devices?
- What EPA-approved disinfectant product(s) are used on-site?
- What PPE are available to staff? Where are they located?
- How do you dispose of contaminated wastes?
 - Regular vs regulated
 - Where are regulated waste containers kept to prevent potential contamination?
- Please explain your site's suspected communicable disease isolation protocol.

Infection Control & Universal Precautions

Resources

- EPA: [List E: EPA's Registered Antimicrobial Products Effective Against Mycobacterium tuberculosis, Human HIV-1 and Hepatitis B Virus](#)
- CDC: Infection Control - <https://www.cdc.gov/infectioncontrol/>
- Sample PnP, Forms, Resources on SFHP FSR Website:
<https://www.sfhp.org/providers/facility-site-reviews/>

Blood Borne Pathogens Exposure Prevention

The Bloodborne Pathogens Standard applies to employees who have occupational exposure (reasonably anticipated job-related contact with blood or other potentially infectious materials). The site will follow the OSHA Bloodborne Pathogens Standard and California Waste Management Act according to 8 CCR §5193 (Cal OSHA Health Care Worker Needlestick Prevention Act, 1999); H&S Code, §117600-118360 (CA Medical Waste Management Act, 1997); 29 CFR §1910.1030.

Other potentially infectious materials (OPIM) are all human body fluids, any unfixed tissue or organ (other than intact skin) from a human (living or dead), and HIV or HBV-containing blood, cells, tissue, organs, cultures, medium or solutions. Containers for blood and OPIM are closable, leak proof, and labeled and/or color-coded. Double bagging is required only if leakage is possible.

Bloodborne Pathogens Exposure Prevention Include:

1. Use PPE
2. Practice needlestick safety & document sharps injuries
3. Launder contaminated laundry
4. Proper storage, disposal and hauling of regulated waste



Blood Borne Pathogens Exposure Prevention

- What personal protective equipment (PPE) should be available for staff use on site?
 - A. Gloves
 - B. Gown (water repellent clothing barrier)
 - C. Goggles/Face Shield (face/eye protection)
 - D. Mask (respiratory infection protection)

**SEQUENCE FOR PUTTING ON
PERSONAL PROTECTIVE EQUIPMENT (PPE)**

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Blood Borne Pathogens Exposure Prevention

Practice Needlestick Safety

- Contaminated sharps must be discarded immediately. Sharps should not be bent, removed from the syringe, or recapped
- Needleless systems, sharps with engineered sharps injury protection (ESIP), and non-needle sharps are used unless exemptions have been approved by Cal/OSHA (8CCR, Section 5193)
- Security of portable containers in patient care areas is always maintained
- Any device capable of cutting or piercing (e.g. syringes, hypodermic needles, needleless devices, blades, broken glass, slides, vials) are placed in a closable, puncture-resistant, labeled, leak-proof container
- Containers are not overfilled past manufacturer's designated fill line, or more than $\frac{3}{4}$ full.

Document Sharps Injuries

- Site has a method in place to document sharps injuries
- Date, time, description of exposure incident, sharp type/brand, follow-up care is documented within 14 days of injury incident

SHARPS INJURY LOG					
MONTHLY CHECK					
Year: <input type="text"/>					
MONTH	Injuries	Initials	MONTH	Injuries	Initials
January			July		
February			August		
March			September		
April			October		
May			November		
June			December		



Blood Borne Pathogens Exposure Prevention

Contaminated Laundry

- Contaminated laundry (soiled with blood/OPIM) is laundered by a commercial laundry service, or a washer and dryer on site.
- Contaminated laundry should not contain sharps, and when transported, should have the appropriate warning label.
- Manufacturer's guidelines are followed to decontaminate and launder reusable protective clothing.
- Ensure that laundry areas have handwashing facilities and products and appropriate PPE available for staff.

Blood Borne Pathogens Exposure Prevention

Proper storage, disposal and hauling of regulated waste

- Regulated waste is contained separately from other wastes (e.g., contaminated wastes)* and placed in red biohazardous bags with Biohazard label and stored in a closed container that is not accessible to unauthorized persons.
- If stored outside the office, a lock secures the entry door, gate or receptacle lid, and posted warning sign(s) in English and Spanish are visible for 25-feet: “CAUTION-BIOHAZARDOUS WASTE STORAGE AREA-UNAUTHORIZED PERSONS KEEP OUT” and “CUIDADO-ZONA DE RESIDUOS-BIOLÓGICOS PELIGROSOS-PROHIBIDA LE ENTRADA A PERSONAS NO AUTORIZADAS”.
- Only medical waste transporters listed with CDPH can transport medical waste.
- Limited-quantity exemption is not required for Small Quantity Generator (up to 35.2 pounds). However, a medical waste-tracking document that includes the name of the person transporting, number of waste containers (e.g., three sharps containers, or five biohazard bags), types of medical wastes, and date of transportation, is kept a minimum of 3 years for large waste generators and 2 years for small generators



Blood Borne Pathogens Exposure Prevention

Your FSR reviewer may ask:

- Where are PPE stored?
- Please show what types of needles are used on –site (including in emergency kits).
 - Needleless systems, needles with Engineered Sharps Injury Protection (ESIP) devices, or non-needle sharps
- What happens if there is a sharps injury on-site? Please provide a copy of the site's Sharps Injury Log.
- Does the site launder contaminated laundry? Where is contaminated laundry stored?
- Where are regulated wastes stored? Where are regulated waste containers? Are regulated waste containers labeled and red-bagged?
- Please provide copy of invoice history from your regulated waste hauler.

Blood Borne Pathogens Exposure Prevention

Resources

- Sample PnP, Forms, Resources on SFHP FSR Website:
<https://www.sfhp.org/providers/facility-site-reviews/>
- OSHA: [Bloodborne Pathogens and Needlestick Prevention](#)

Biohazardous Waste Handling

All staff members shall be knowledgeable of procedures for handling and disposing of infectious waste. Medical waste, including biohazardous waste, sharps waste and waste which is generated or produced as a result of the diagnosis, treatment or immunization, is handled according to the Medical Waste Management Act which became effective January 1, 1997.

Biohazardous Waste includes, but not limited to:

- Cultures from medical and pathological labs
- Cultures and stocks of infectious agents from research and industrial lab
- Wastes from the production of bacteria, viruses, or the use of spores, discarded live and attenuated vaccines, culture dishes and devices used to transfer, and inoculate and mix cultures
- Waste containing any microbiologic specimens sent to lab for analysis
- Human surgery specimens or tissues removed at surgery
- Waste containing discarded materials contaminated with excretion, exudates, or secretions from humans who are required to be isolated to protect others from highly communicable disease
- Blood and body fluids



Biohazardous Waste Handling

Biohazardous Waste Handling Procedures

Don Appropriate PPE

- Protective gloves are to be worn when handling any potentially contaminated waste
- A cover gown should be worn to protect clothing when it is possible that clothing will be contaminated by waste
- Masks and/or eye protection should be worn when it is possible that the mucous membranes and/or eyes may be splashed with contaminated waste

Storage of Biohazardous Waste

- Containers for blood and OPIM are closable, leak proof, and labeled and/or color-coded.
 - Double bagging is required only if leakage is possible
- The area used for the storage of medical waste containers must be secured to deny access to unauthorized

*Please see [Infection Control & Universal Precautions](#) & [Blood Borne Pathogens Exposure Prevention](#) modules for more details.

Biohazardous Waste Handling

Your FSR reviewer may ask:

- Where are PPE stored on site?
- Where are biohazardous waste bins? If not placed in each exam room, where are regulated waste containers found?
- How often are biohazardous wastes picked up by approved licensed medical waste hauler? Please provide copy of invoice history from your regulated waste hauler.
- Please describe protocol in the event of a sharps injury. Please provide a copy of the site's Sharps Injury Log.
- Please describe protocol in case of a biohazardous waste spill or leak.

Biohazardous Waste Handling

Resources

- Sample Policy: [Needlestick Safety Precautions and Sharps Injury Protocol](#)
- Sample Policy: [Blood Borne Pathogens & Waste Management](#)
- Resource Guide: [Waste Disposal Containers](#)
- OSHA: [Bloodborne Pathogens and Needlestick Prevention](#)
- San Mateo County Environmental Health Services – [Medical Waste Storage Sign](#)



THANK YOU

For more information or if you have questions about the FSR, please email FSR@sfhp.org