



2024-06-12 Special Meeting of the Truckee Surgery Center Board of Managers

Wednesday, June 12, 2024 at 12:00 p.m.

Tahoe Forest Hospital - Eskridge Conference Room

10121 Pine Avenue, Truckee, CA 96161



2024-06-12 Special Meeting of the Truckee Surgery Center Board of Managers

AGENDA

2024-06-12 Special Meeting of Truckee Surgery Center
Board_Agenda.pdf

ITEMS 1-4: See Agenda

5. ITEMS FOR BOARD ACTION

5.1. Updated Policies

5.1.1.a. Employee Health Program- IC-1939-Changes.pdf

5.1.1.b. TSC TB Risk Assesment.pdf

5.1.2. TB Exposure Control Plan- IC-1936-Changes.pdf

ITEMS 6-11: See Agenda



TRUCKEE SURGERY CENTER SPECIAL MEETING OF THE BOARD OF MANAGERS

AGENDA

Wednesday, June 12, 2024 at 12:00 p.m.
Eskridge Conference Room – Tahoe Forest Hospital
10121 Pine Avenue, Truckee, CA 96161

1. **CALL TO ORDER**
2. **ROLL CALL**
3. **CLEAR THE AGENDA/ITEMS NOT ON THE POSTED AGENDA**

4. **INPUT – AUDIENCE**

This is an opportunity for members of the public to address the Board on items which are not on the agenda. Please state your name for the record. Comments are limited to three minutes. Written comments should be submitted to the Board Clerk 24 hours prior to the meeting to allow for distribution. Under Government Code Section 54954.2 – Brown Act, the Board cannot take action on any item not on the agenda. The Board may choose to acknowledge the comment or, where appropriate, briefly answer a question, refer the matter to staff, or set the item for discussion at a future meeting.

5. **ITEMS FOR BOARD ACTION** ◆

5.1. **Updated Policies** ◆

- 5.1.1. Employee Health Program, IC-1939
- 5.1.2. TB Exposure Control Plan, IC-1936

6. **CLOSED SESSION**

6.1. **Hearing (Health & Safety Code § 32155)** ◆

Subject Matter: Medical Staff Credentials Report

9. **REPORT OF ACTIONS TAKEN IN CLOSED SESSION**

10. **ITEMS FOR NEXT MEETING**

11. **ADJOURN**

*Denotes material (or a portion thereof) may be distributed later.

A copy of the board meeting agenda is posted on Tahoe Forest Hospital District’s web site (www.tfhd.com) at least 72 hours prior to the meeting or 24 hours prior to a Special Board Meeting. Materials related to an item on this Agenda submitted to the Board of Managers, or a majority of the Board, after distribution of the agenda are available for public inspection in the District’s Administration Office, 10977 Spring Lane, Truckee, CA 96161, during normal business hours.

Note: It is the policy of Tahoe Forest Hospital District to not discriminate in admissions, provisions of services, hiring, training and employment practices on the basis of color, national origin, sex, religion, age or disability including AIDS and related conditions.

Equal Opportunity Employer. The meeting location is accessible to people with disabilities. Every reasonable effort will be made to accommodate participation of the disabled in all of the District’s public meetings. If particular accommodations for the disabled are needed (i.e., disability-related aids or other services), please contact the Executive Assistant at 582-3481 at least 24 hours in advance of the meeting.



Origination 12/2019
Last Approved N/A
Last Revised 05/2024
Next Review 1 year after approval

Owner Heidi Fedorchak:
Nurse Manager
Department Infection
Prevention and
Control
Applicabilities Truckee
Surgery
Center

Employee Health Program, IC-1939

PURPOSE:

To describe the organization's Employee Health Program

To identify personnel restrictions and/or exclusion criteria due to illness or special conditions.

RISK:

~~Employee Health~~ Without an employee health program, there would be lack of direction to control infections and communicable diseases within the Surgery Center. Leadership and Infection Control ~~monitor~~ monitors employee illness on an ongoing basis. A system for linking any relationship between employee illness and safe provision of services within the ~~hospital-district~~ Surgery Center is provided crucial.

POLICY:

- A. There will be an active Employee Health Program to identify, report, investigate and control infections and communicable diseases in personnel. This program's goal is to prevent the spread of contagion to patients and/or fellow employees and to ensure the health status of the individuals who are employed by Truckee Surgery Center (TSC) are not a hazard to themselves or others. Medical Executive Quality Committee approves the Employee Health Program annually.
- B. All employees working in clinical areas or non-clinical areas with patient contact in the course of their job, will have a pre-placement assessment including a communicable disease history.
- C. All employees will be screened for infectious disease at the time of hire, and on an ongoing basis.

- D. All contract and supplemental staff (e.g., contracted employees, traveling staff, temporary staff) will provide proof of their TB status and proof of immunities and vaccines as required by the [Health System Surgery Center](#).
- E. Hepatitis B, Influenza, and Tdap vaccinations will be promoted and offered free of charge to all TSC employees. Tdap is a condition of employment if working in areas of contact with infants, and for all new employees. Influenza vaccination will be promoted and offered free of charge to all employees and medical staff. Vaccination status of all employees will be maintained. Employees refusing vaccination is documented.

PROCEDURE:

- A. The Administrator will direct all candidates, who have received an offer of employment, to [Tahoe Forest Hospital \(TFH\)](#) Occupational Health to provide necessary documentation and obtain any required vaccines or titers for pre-placement screenings based on their classification.
- B. Annual screening requirement reminders are sent out to employees by the Administrator. The employee is responsible to call [TFH](#) Occupational Health to schedule appointments.
- C. Annual TB ~~screening test~~ [Risk Assessments and/or testing](#) is mandated. Failure to comply with this requirement will result in employee being removed from the work schedule.
- D. Communicable disease screening: Prophylaxis, if required and recommended by public health, will be provided for accidental exposure to communicable disease.
- E. Employees with acute health needs can call directly to ~~the~~ [TFH](#) Occupational Health [Department](#) for direction.
- F. Screening for personnel returning to work following an illness or injury will be completed per personnel policy.
- G. Confidential employee health records will be maintained on all employees separate from their personnel files ~~in Occupational Health clinic~~. Per regulations, Employee Health files are kept for 30 years from the date of separation. Truckee Surgery Center has a contract with Iron Mountain for confidential storage of files belonging to employees who have terminated employment.
- H. Good personal hygiene and health habits will be encouraged among all personnel.
- I. Quarterly reports for occupational sharps/splash injuries, employee days lost due to an infectious or communicable disease, and immunization compliance are reviewed by the TSC's QAPI/Infection Nurse. Actions are taken by Infection Control, as required, and include, but are not limited to: soliciting manager response for solution to reduce the likelihood of repeat occurrence, and providing follow-up evaluation to employee.

PERSONNEL RESTRICTION DUE TO ILLNESS OR SPECIAL CONDITIONS:

- A. These conditions include, but are not limited to, the following:
 - 1. **Coronavirus:**
 - a. Personnel should immediately report to the Administrator and/or QAPI/IC

Coordinator, without fear of reprisal, with any COVID-19 symptoms, possible COVID-19 exposures, and possible COVID-19 hazards at the workplace. Such personnel will be required to undergo COVID-19 testing, and must be excluded from the workplace for 10 days from the onset of symptoms or a positive test result and must have resolution of symptoms.

i. COVID-19 Symptoms, as listed by the California Occupational Safety and Health Standards Board, include:

- a. Fever \geq 100.4°F
- b. Chills
- c. Cough
- d. Shortness of breath or difficulty breathing
- e. Fatigue
- f. Muscle or body aches
- g. Headache
- h. New loss of taste or smell
- i. Sore throat
- j. Congestion or runny nose
- k. Nausea or vomiting, or diarrhea

b. If a staff member tests *POSITIVE* for Coronavirus, TSC administration shall take the following actions, in accordance with the California Occupational Safety and Health Standards Board:

- i. Determine the day and time the COVID-19 case was last present and, to the extent possible, the date of the positive COVID-19 test(s) and/or diagnosis
- ii. Determine the date the COVID-19 case first had one or more COVID-19 symptoms, if any were experienced.
- iii. Determine who may have had a COVID-19 exposure, which requires an evaluation of the activities of the COVID-19 case and all locations at the workplace which may have been visited by the COVID-19 case during the high-risk exposure period.
- iv. Give notice of the potential COVID-19 exposure, within one business day, in a way that does not reveal any personal identifying information of the COVID-19 case, to the following:
 - a. All employees who may have had COVID-19 exposure
 - b. Independent contractors and other employers present at the workplace during the high-risk exposure period.
- v. Investigate whether any workplace conditions could have contributed to the risk of COVID-19 exposure and what could be done to reduce exposure to COVID-19 hazards.

- c. The staff member(s) who test positive is/are exempt from direct patient care for 10 days.
 - i. **Symptomatic COVID-19 cases** shall not return to work until:
 - a. At least 24 hours have passed since a fever of 100.4°F or higher has resolved without the use of fever-reducing medications
 - b. COVID-19 symptoms have improved
 - c. At least 10 days have passed since COVID-19 symptoms first appeared.
 - ii. **Asymptomatic COVID-19 cases** (those who tested positive but never developed symptoms) shall not return to work until a minimum of 10 days have passed since the date of specimen collection of their first positive COVID-19 test.
 - iii. A negative COVID-19 test shall not be required for an employee to return to work.
 - iv. If an order to isolate or quarantine an employee is issued by a local or state health official, the employee shall not return to work until the period of isolation or quarantine is completed or the order is lifted. If no period was specified, then the period shall be 10 days from the time the order to isolate was effective.

2. **Vomiting and/or Diarrhea:**

- a. Staff should be allowed to return to work after being symptom-free for at least 24 hours; in the presence of a Norovirus outbreak, exclude from work for at least 48 hours after symptoms resolve.
- b. Remind staff to always be diligent about hand hygiene.
- c. Personnel experiencing vomiting and/or diarrhea that is severe and is accompanied by other symptoms, such as fever, abdominal cramps, bloody stools, or lasts longer than 24 hours, should be excluded from direct patient/client contact, pending evaluation by Employee Health or employee's personal physician.

3. ***The CDC offers the following additional regulations for clearance of infected persons in sensitive occupations (food handlers, and those caring for elderly, children or patients):***

- a. ***For salmonellosis and shigellosis:*** 2 fecal specimens collected not less than 24 hours apart, and at least 48 hours after cessation of therapy (if any was given), need to be negative, and they need to be tested at a public health laboratory approved by the Department of Health Services before the individual can return to work.
- b. ***For typhoid fever:*** 3 successive specimens of feces and urine taken at least 24 hours apart, at least 1 week after discontinuing therapy, and at least 1 month after symptom onset, need to be negative at a public health

lab approved by DHS.

- c. **For amebiasis:** 3 stool specimens should be collected at least 2 weeks apart after completion of therapy, at an interval of not less than 3 days. Temporary reassignment of individuals to tasks that do not include food handling or personal care should be considered.
4. **Herpes Simplex Infections:** Personnel with primary, recurrent or facial herpes simplex infections should be excluded from direct patient contact with high-risk patients (e.g., newborns, patients with burns or immunocompromised patients), until the lesions are healed. Personnel with herpes simplex infections of the fingers or hands (herpetic whitlow) should be excluded from direct patient contact until lesions are healed.
5. **Febrile Respiratory Illness (includes Influenza):** Personnel with fever and respiratory symptoms should not report to work, or if at work, must notify Administrator and/or Nurse Manager immediately. They are excluded from work for at least 24 hours after they no longer have fever without fever-reducing medicines.
6. **Shingles/Herpes Zoster** (reactivated varicella virus in a HCW that has previously had chickenpox):
 - a. HCW with localized herpes zoster that can be completely covered and not touched may not care for immunocompromised, or varicella-nonimmune patients.
 - b. HCW with disseminated herpes zoster are restricted from work until lesions are dry and crusted, and no new lesions have appeared for 24 hours.
 - c. For HCW exposed to someone with varicella or herpes zoster:
 - i. For HCW who has received 2 doses of varicella vaccine, employee health instructs HCW to report immediately to employee health during post-exposure days 8-21 if fever, skin lesions, systemic symptoms suggestive of varicella occur; HCW is immediately removed from patient care areas and receives antiviral medication.
 - ii. For HCW who has received 1 dose of varicella vaccine, give 2nd dose after exposure no sooner than 4 weeks after first dose, then manage the same as HCW who's received 2 doses of varicella vaccine.
 - iii. Unvaccinated VZV-susceptible HCWs are potentially contagious from days 8 to 21 after exposure and should be furloughed or temporarily reassigned to locations remote from patient-care areas during this period. Exposed HCWs without evidence of VZV immunity should receive post-exposure vaccination as soon as possible. Vaccination within 3 to 5 days of exposure to rash may modify the disease if infection occurred. Vaccination 6 or more days after exposure is still indicated because it induces protection against subsequent exposures (if the current

exposure did not cause infection). For unvaccinated VZV-susceptible HCWs at risk for severe disease and for whom varicella vaccination is contraindicated (e.g., pregnant healthcare personnel), varicella-zoster immune globulin after exposure is recommended.

- iv. To prevent disease and nosocomial spread of VZV, the immunity status of all HCWs is sought, documented and readily available. HCWs without evidence of immunity are alerted to the risks of possible infection and offered 2 doses of varicella vaccine administered 4 to 8 weeks apart as part of pre-placement, or as nonimmune status is determined.
- 7. **Streptococcal Disease:** If a group A streptococcal disease is suspected, appropriate cultures should be taken, and personnel should be excluded from direct patient contact until they have received adequate treatment for 24 hours, or until streptococcal infection has been ruled out.
- 8. **Other Contagious Disease Exposure:** Personnel exhibiting symptoms of other infectious diseases may be excluded from direct patient care pending examination by Employee Health.
 - a. For disease such as Campylobacter infection, Hepatitis A, E.Coli, Giardiasis, Cryptosporidiosis & Cyclosporiasis, permission for an asymptomatic infected individual to return to work in a sensitive occupation is at the discretion of the health officer.
- 9. **Other Conditions** which require modification of duties or the use of supportive devices, splints and/or prosthesis may require participation in the interactive process of the Administrator.

REFERENCES:

NOTICE OF PROPOSED EMERGENCY ACTION BY THE OCCUPATIONAL SAFETY AND HEALTH STANDARDS BOARD. 2020 Cal-OSHA Reporter www.cal-osh.com

<https://www.osha.gov/laws-regs/standardinterpretations/2020-12-15-0>

<https://www.cdc.gov/tb/topic/testing/healthcareworkers.htm>

Approval Signatures

Step Description	Approver	Date
	Courtney Leslie: Administrator	Pending
	Heidi Fedorchak: Nurse Manager	05/2024



TSC Employee/Provider Annual TB Risk Assessment

Name: _____ DOB: _____ Phone#: _____ Position: _____

TB History

Have you ever had a positive TB screening? Yes No If yes, indicate which test(s) was/were positive:

Tuberculin Sin Test (PPD) _____ Quantiferon _____ T Spot _____

Country of Birth: _____ Did you receive BCG vaccine as a child? Yes No

Have you ever been treated for TB? Yes No

If yes, did you receive medication for TB treatment/prophylaxis? Yes No

Have you ever had an abnormal chest x-ray? Yes No Date of last chest x-ray? _____

Do you have diabetes, HIV, or another chronic condition that impairs your immune response? Yes No

Do you take immunosuppressive medication? Yes No Comments: _____

TB Exposure Risk

1. Since your last screening, have any of your friends or family members been diagnosed with active tuberculosis? Yes No
2. Since your last screening, have you cared for a TB patient without wearing an N95? Yes No
3. Since your last screening, have you traveled outside of the USA? Yes No

If Yes, Where? _____

TB Symptom Review

Since your last screening, have you experienced any of the following:

1. Cough or chest pain that lasted longer than 3 weeks? Yes No
2. Fever that lasted longer than 3 weeks? Yes No
3. Coughing up blood? Yes No
4. Excessive sweating at night? Yes No
5. Unexplained weight loss? Yes No
6. Unexplained increase in weakness/fatigue? Yes No

Signature: _____ Date: _____

Reviewed by RN Name/Signature: _____ Date: _____

Comments: _____

Quantiferon Required? Yes No Reason: Possible Symptoms Employee Requested

Instructed to go to Occ Health. Date: _____

Return Form to:

Truckee Surgery Center 10770 Donner Pass Rd Suite 201 Truckee CA or Via email: courtney@truckeesurgerycenter.com



Origination 07/2019
Last Approved N/A
Last Revised 04/2024
Next Review 1 year after approval

Owner Heidi Fedorchak:
Nurse Manager
Department Infection
Prevention and
Control
Applicabilities Truckee
Surgery
Center

TB Exposure Control Plan, IC-1936

Risk:

Without having a defined protocol for Tuberculosis (TB) testing and screening the facility would be putting its employees, patients, and providers at risk for a potential TB exposure.

POLICY:

A. TB EXPOSURE CONTROL PLAN

1. This TB Exposure Control Policy follows both CDC guidelines as well as OSHA's proposed regulation and will minimize the risk of TB transmission to those who work at Truckee Surgery Center.
2. OSHA lists 5 types of workplaces as those with a greater risk of TB infection
 - a. Healthcare settings that see "suspected" or known TB patients, or that perform high-risk procedures such as aerosolized administration of medications, bronchoscopy, sputum induction, endotracheal intubation, suctioning procedures, and autopsies
 - b. Correctional institutions
 - c. Homeless shelters
 - d. Long term care facilities for the elderly
 - e. Drug treatment centers
3. OSHA defines a "suspected" TB patient as one with either a positive AFB smear or an individual with at least 3 weeks of persistent coughing and 2 or more signs and symptoms of TB:
 - a. productive, prolonged cough (over 3 weeks)

- b. chest pain
- c. hemoptysis
- d. fever
- e. chills
- f. night sweats
- g. easily fatigued
- h. loss of appetite
- i. weight loss

B. How to comply with OSHA Standards

C. Perform an initial TB risk assessment of your facility. Repeat risk assessment every year.

D. ↓

E. Provide education, training, and TB screening test to all applicable health care workers. The frequency of repeat testing depends on the risk category of your facility and whether or not a health care worker is exposed to a person with TB.

F. ↓

G. State how TB patients are identified and managed in your practice. Define what precautions to take with these patients.

H. ↓

I. State how TB patients are identified and managed in your practice. Define what precautions to take with these patients.

J. Patients with known TB will not be scheduled for surgical procedures at Truckee Surgery Center.

K. EMPLOYEE TESTING AND SCREENING:

1. ~~Quantiferon Gold Blood Test (QFG):~~

- ~~a. Quantiferon Blood Test is the preferred testing for TSC employees.~~
- ~~b. Employees will report to TFH occupational health upon hire and annually for blood draw.~~
- ~~c. Results take 3-5 days.~~

2. TB Skin Testing: Employees will be required to complete a TB test upon hire and complete a TB risk assessment questionnaire annually, or when there is a known exposure.

- ~~a. TB skin testing is used as an alternative to the Quantiferon Blood test.~~
- ~~b. Employees will report to TFH occupational health for testing.~~
- ~~c. New employees will require a 2-step test.~~
- ~~d. Current employees will require a 1-step test.~~
- ~~e. After placement employees must return to occupation health 48-72 hours for the reading.~~

f. **Quantiferon Gold Blood Test (QFG):**

- i. Quantiferon Blood Test is the preferred testing for TSC employees.
- ii. Employees will be tested initially upon hire and when an exposure occurs.
- iii. Employees will report to TFH Occupational Health for testing and screening.
- iv. Results take 3-5 days.

g. **TB Skin Testing:**

- i. TB skin testing is used as an alternative to the Quantiferon Blood test.
- ii. Employees will report to TFH Occupational Health for testing.
- iii. New employees will require a 2-step test.
- iv. Current employees will require a 1-step test.
- v. After placement employees must return to TFH Occupational Health 48-72 hours for the reading.

h. **Periodic retesting of employees:**

- i. Retest any healthcare worker who is subsequently exposed to known or suspected TB patients or who has symptoms of TB.
- ii. If an employee wishes to have a TB test they may do so by reporting to TFH Occupational Health.

3. **Periodic retesting of employees:**

- a. ~~Retest any healthcare worker who is subsequently exposed to known or suspected TB patients or who has symptoms of TB~~

L. EVALUATION AND MANAGEMENT OF HEALTHCARE EMPLOYEES

1. Provide prompt medical evaluation and management for healthcare workers with the following:
 - a. Symptoms of TB (a persistent cough lasting more than 3 weeks, especially when other symptoms compatible with active TB exist such as weight loss, night sweats, bloody sputum, anorexia, or fever)
 - b. Exposure incident
 - c. Positive test
2. Employees will be referred to TFH ~~occupational health~~Occupational Health for further evaluation
3. Healthcare workers with such signs or symptoms may not return to the workplace until a diagnosis of TB has been excluded or until they are in therapy and a determination has been made that they are noninfectious.

4. Positive employees will be treated per CDC protocol

M. DECONTAMINATING PATIENT CARE EQUIPMENT

1. Equipment used on patients with TB is not usually involved in transmitting TB to other patients and healthcare workers, although transmission through contaminated bronchoscopes has been reported.
2. Clean items that come into contact with the mucous membranes of TB patients (e.g., endotracheal tubes, bronchoscopes, etc.), then sterilize the items (preferred), or disinfect with a high-level disinfectant effective against tubercle bacilli. Items that either do not ordinarily touch the patient or touch only the patient's skin (e.g., crutches, blood pressure cuffs, etc.) are not associated with direct transmission of TB and may be washed with detergent.
3. Although microorganisms are ordinarily found on walls, floors, and other environmental surfaces, these surfaces are rarely associated with transmission of infections to patients or healthcare workers, therefore extraordinary attempts to sterilize environmental surfaces is not required. Disinfect surfaces in the area in which a known or suspected TB patient was seen with a tuberculocidal disinfectant. Healthcare workers must wear masks while performing this cleaning.

N. EDUCATION

1. Employees will receive TB education and training upon hire, annually, and when additional education is required.

References:

<https://www.cdc.gov/tb/topic/testing/healthcareworkers.htm>

<https://www.osha.gov/laws-regs/standardinterpretations/2020-12-15-0>

https://www.dir.ca.gov/dosh/dosh_publications/ATD-Guide.pdf

<https://www.dir.ca.gov/dosh/TB-testing.html>

Effective: April 2003, Revised: May 2011, September 2011, August 2013

Approval Signatures

Step Description	Approver	Date
	Courtney Leslie: Administrator	Pending
	Heidi Fedorchak: Nurse Manager	04/2024