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FACILITY SITE REVIEW OVERVIEW

Alliance primary care and Ob/Gyn provider sites are reviewed as a condition of participation in the Alliance CompleteCare. The purpose of these reviews is to meet the Alliance's quality improvement standards and ensure compliance with applicable local, state, and federal laws and regulations. These site reviews are conducted during the initial provider credentialing process. Additional site reviews will be conducted as part of the ongoing provider recredentialing process to assure that each provider continues to meet the Alliance's CompleteCare site review standards. The Quality Management Department is responsible for conducting site reviews.

SITE REVIEW PREPARATION

The Alliance utilizes a facility site review tool approved by the State Department of Health Care Services (DHCS). The tool contains applicable State requirements. The site review tool mandates review in ten broad areas. A copy of the full Facility Site Review tool is available upon request.

Review Areas	Requirements
Site Access / Safety	• Emergency Health care services are available and accessible 24 hours a day, 7 days a week. • Medical and lab equipment used for patient care is properly maintained. • Site environment is maintained in a clean and sanitary condition. • Site environment is safe for all patients, personnel, and visitors. • Site is accessible and useable by individuals with physical disabilities.
Site Personnel	• Health care personnel are properly identified. • Non-Physician Medical Providers (NPMP) are supervised according to established standards and regulations. • Professional health care personnel have current California licenses and certifications. • Scope of practice for non-physician medical providers is clearly defined. • Site personnel are qualified and trained for assigned responsibilities.

Review Areas	Requirements
	• Site personnel receive safety training/information. • Site personnel receive training and/or information on member rights.
Clinical Services	• Drugs and medication supplies are securely stored and maintained to prevent unauthorized access. • Drugs are dispensed according to State and Federal drug distribution laws and regulations. • Drugs are handled safely and stored appropriately.
Office Management	• Confidentiality of personal medical information is protected according to State and Federal guidelines. • Health care services are readily available. • Medical records are available for the provider at each scheduled patient encounter. • Member grievances/complaints processes are established on site. • Physician coverage is available 24 hours a day, 7 days a week. • Procedures for timely referral/consultative services are established on site. • There are sufficient health care personnel to provide timely, appropriate health care services. • There is 24-hour access to interpreter services for limited English-proficient members.
Laboratory Services	Site is compliant with Clinical Laboratory (CLIA) regulations.
Radiology	Site meets California DHCS radiological inspection and safety regulations.
Preventive Services	Preventive health care services and health appraisal examinations are provided on a periodic basis, for the detection of asymptomatic diseases.
Health Education	Health Education services are available to plan members.
Infection Control	Any deficiency found in the infection control and pharmaceutical services sections of the survey require a corrective action plan regardless of score. • Contaminated surfaces are decontaminated according to Cal-OSHA standards. • Infection control procedures using standard/universal precautions are followed. • Reusable medical instruments are properly sterilized after each use.

Review Areas	Requirements
	• Site is compliant with OSHA Blood Borne Pathogens and Waste Management Act.
Critical Elements	Within the FSR, there are nine critical survey elements related to the potential for adverse effects on patient health or safety. These critical elements have a weighted score of two points. All other survey elements are weighted at one point. Critical elements include: • Airway management equipment appropriate to practice and populations served are present on site. • Blood, other potentially infectious materials (specimens) and regulated wastes (sharps/biohazards non-sharps), are placed in appropriate leak-proof, labeled containers for collection, processing storage, transport, or shipping. • Exit doors and aisles are unobstructed and egress accessible. • Needlestick safety precautions are practiced on site. • Office practice procedures are utilized on sites that provide timely physician review and follow-up of referrals, consultation reports, and diagnostic test results. • Only lawfully authorized persons dispense drugs to patients. • Only qualified/trained personnel retrieve, prepare, or administer medications. • Personal protective equipment (PPE) is readily available for staff use. • Spore testing of autoclave/steam sterilizer is completed (at least monthly) with documented results. All critical element deficiencies found during a full scope site survey, focused survey, or monitoring visit must by corrected by the provider within ten business days of the survey date, and verified as corrected by the plan within 30 calendar days of the survey date. Any critical element found deficient must by corrected to 100%.
Medical Record Review	Format criteria • Documentation criteria • Coordination/Continuity of care criteria • Pediatric preventive health care riteria • Adult preventive health care criteria • Perinatal preventive health care criteria

Review Areas	Requirements
Technical Assistance	Provider services representatives are available to help providers prepare their practice for the facility site review.

ADDRESSING PROBLEMS AFTER A SITE REVIEW

The provider is notified through the Corrective Action Plan (CAP) if the site is not compliant with State requirements.

Site review deficiencies must be corrected within 45 days of receipt of the CAP. The provider's site review status will be reported to the Alliance's Peer Review and Credentialing Committee (PRCC) if the provider fails to reply to the CAP within the stated time frame. The Alliance may suspend a provider from plan participation, or recommend termination due to non-compliance to the Alliance Board of Governors. If a provider's non-compliance issues present a clear and immediate danger to patients, the provider's members will be re-assigned to other providers.

Problems Found Through DHCS Facility Reviews

The State Department of Health Care Services (DHCS) conducts facility site reviews independently of the Alliance on a small sample of the Alliance's CompleteCare provider network. DHCS does this to monitor both the Alliance's compliance with the DHCS contract and to determine how well provider sites are able to implement and meet the standards. The Alliance may suspend that site from plan participation until the facility can meet compliance standards, should a DHCS inspector find a primary care site in substantial non-compliance.

DRUG LABELING AND STORAGE STANDARDS

Sites maintaining an inventory of pharmaceuticals, including sample drugs, must comply with the California Pharmacy Law. This section is designed to assist providers in meeting this compliance requirement. Providers must comply with the following standards:

Requirement	Standard
Labeling Standards	All drugs, including samples, must be properly and clearly labeled when dispensed to a patient. The label information should include the patient's name, the date, the physician's name, and dosage instructions.
Storage Standards	Drug products for internal use must be kept separately from those for external use. • All drugs, including sample medications, must be stored in a secured manner, with access limited only to authorized persons. Secured means locked. • Needles and syringes must be stored securely, in a manner inaccessible to unauthorized persons. Secured means locked. • Germicides, disinfectants, test reagents, and household cleaning products must be stored separately from drugs. • Vaccines must be properly stored according to manufacturer's instructions. Vaccines must not be stored in the door of the refrigerator. A daily written log must be maintained documenting the refrigerator and freezer temperatures for storage of vaccines.
Monitoring	A system must be in place to monitor all drugs, including samples, in the office/clinic on a regular basis for expiration dates. • Sample drugs, as well as prescription drugs that are dispensed to patients, must be documented in the patient medical record. • Prescription pads must be kept in an area inaccessible to patients.
Drug Preparation	Drugs must be prepared in a designated, clean area.
Controlled Drugs	If the site maintains an inventory of controlled drugs, including samples, all regulations contained in the California Uniform Controlled Substances Act must be followed, to include: • The supply of controlled drugs must be separate from other drugs and be locked at all times. • Each time a controlled drug is dispensed, a written record shall be maintained that includes the name and address of the patient, the date, the name of the drug, the strength and quantity of the drug, and the pathology or purpose for which the drug was dispensed. These records must be preserved for a period of three years. • A perpetual inventory must be maintained on each controlled drug, which includes the Provider's DEA number, original quantity of drug, dose, date dispensed, name of patient receiving drug, name of

Requirement	Standard
	authorized person dispensing drug, and number of remaining doses. • A system must be maintained to routinely check expiration dates.

ACCESS FOR THE DISABLED

All Alliance CompleteCare provider facilities should be accessible and usable by individuals with disabilities in accordance with the Americans with Disabilities Act of 1990. The Alliance will evaluate facilities for access for the disabled during site reviews.

Requirement	Standard
Physical Accommodations	• Clearly marked blue curb(s) or sign(s) designating disabled accessible parking near primary entrance. • Elevators with floor selection within reach, or reasonable alternative for multilevel floor accommodations. • Hallways and exits must not be blocked to impair wheelchair access. • Handrails in restrooms. • Water availability/water fountains at wheelchair level. • Wheelchair access/ramps with level landing at top and bottom. • Wheelchair accessible hand washing facilities or reasonable alternative. • Wheelchair accessible restrooms or alternative access to restroom in building.
Alternate Accommodations	Providers in older facilities that are inaccessible should make alternate arrangements for treating disabled patients. If it is not possible to find an alternative, you should refer the member to a provider who can meet the member's accessibility needs.
Communication Accommodations	In addition, providers should make appropriate language and communication accommodations, such as provision of sign language interpretation, TTY's, and/or interpreters.

INFECTION CONTROL STANDARDS

Alliance CompleteCare providers are expected to maintain and follow infection control policies and procedures. Providers are responsible to train all staff in universal precautions, hand washing, the use and maintenance of the autoclave, clean up of blood spills, isolation procedures, and disposal of biohazardous waste.

REPORTABLE DISEASES

Disease reporting to the Public Health Department is crucial for disease surveillance, detection of outbreaks, and for appropriate public health response. Disease reporting is also a legal requirement. The Medical Board of California recently put into place citations and fines for failure to notify the local health department within specified time frames for reportable conditions. Please refer to the current Public Health Guidelines for the list of reportable diseases. Contact the Chief of the Alameda County Communicable Disease Control for reportable disease requirements at (510) 268-3200.

When reporting certain infectious diseases, providers must also provide additional specific information as listed below.

Disease	Reporting Requirements	Contact Information
Hepatitis	• Type • Type-specific laboratory findings • Sources of exposure	Communicable Disease Branch 510-268-2124 or 510-267-3250
Sexually Transmitted Diseases	• Information as to causative agent. • Syphilis-specific laboratory findings. • Complications of Gonorrhea or Chlamydia infections.	STD cases must be reported to the Public Health Department: Phone: (510) 267-3220 Fax: (510) 268-2111

Disease	Reporting Requirements	Contact Information
Tuberculosis	For tuberculosis, use the Confidential Tuberculosis Report Form for cases suspected or proven to have active tuberculosis. Use the CMR form to report contacts to active tuberculosis cases.	Tuberculosis cases must be reported to the Public Health Department Phone: (510) 577-7000 Fax: (510) 577-7024
Other Communicable Diseases		For other reportable Communicable Diseases, call the Public Health Department Phone: (510) 267-3250 Fax: (510) 268-211

MEDICAL RECORD STANDARDS

Alliance CompleteCare providers are required to have medical records for each member, and to maintain procedures for storage, filing, retrieval, protection of confidentiality, and release of information.

Maintenance

Providers must specify a staff member to maintain medical records so that they are:

- Available for provider at each scheduled encounter.
- Kept current and accessible for care.
- Organized in sections.
- Secured from unauthorized access.
- Securely fastened.
- Stored in one central medical records area.

Confidentiality

While the actual medical record belongs to the provider, the information in the record belongs to the patient and must be protected from unauthorized disclosure. To protect patient confidentiality, the provider must:

- Maintain policies and procedures for the release of information that are in compliance with the Confidentiality of Medical Information Act (California Civil Code Section 56 et seq.), Title 22, California Code of Regulations, Section 51009, and Health Insurance Portability and Accountability Act (HIPAA).
- Instruct staff and employees, as part of their orientation, that confidentiality is to be maintained and that violation will be grounds for disciplinary action, up to, and including termination.

Medical Record Content

Providers must meet the standards for medical record documentation established by the Alliance in accordance with the National Committee on Quality Assurance (NCQA), and by the State Medi-Cal Program regulations (Title 22 of the California Code of Regulations). Findings of non-compliance will be reviewed by the Alliance's Peer Review and Credentialing Committee (PRCC) at the time of provider recredentialing. Each medical record must comply with the standards summarized below:

Requirement	**Standard**
Patient Identification	• Each page in the record contains the patient's name or ID number. • Personal biographical data include the primary language, address, employer, home and work telephone numbers, marital status, and emergency contact information.
Entries	• All entries in the medical record contain author-identification, and are made in accordance with acceptable legal medical documentation standards. • Identification of all providers participating in the members care, and information furnished by these providers. • All entries are dated.
Legibility	• The record is legible by someone other than the writer.
Specific Conditions	• There is a distinct and separate problem list that includes all significant illnesses and medical conditions, including allergies and adverse reactions. • Presenting complaints, diagnoses, and treatment plans.

Requirement	Standard
	• If the patient has no known allergies or history of adverse reactions, this is appropriately noted on the problem list. • A separate medication list is maintained for all current medications. The list includes medication name, strength, dose, frequency, route, and start/stop dates. • Discontinued medications are also noted on the medication list. • Documentation of appropriately obtained informed consent. • Advance directives.
Patient History	• Past medical history (for patient seen three or more times) is easily identified, and includes serious accidents, operations, and illnesses. For children and adolescents (18 years and younger), past medical history relates to prenatal care, birth, and childhood illnesses. • For patients 14 years and older, there is appropriate notation concerning the use of cigarettes, alcohol, substances, and sexual activity. • The history and physical records contain appropriate subjective and objective information pertinent to the patients presenting complaints. • An immunization record has been initiated for children, or an appropriate history has been made in the medical record for adults.
Preventive Health Services	• Documentation of all clinical preventive services must be included in the member's medical record. Preventive services include age-appropriate psychosocial and physical assessments, screening, and examinations. • For adult preventive services, refer to Section 8C – Utilization Management and Authorization or the Guide to Clinical Preventive Services, a report of the US Preventive Services Task Force. • CMS publishes a quick reference information about immunizations http://www.cms.hhs.gov/MLNProducts/downloads/qr_immun_bill.pdf Vaccines are a covered benefit of the Medicare program. • Medicare reference information about preventive services can be found at https://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0580.pdf • For children refer to the most recent periodicity schedule recommended by the American Academy of Pediatrics.
Diagnosis, Treatment and Follow-Up	• Laboratory and other studies are ordered as appropriate. • Working diagnoses are consistent with findings. • Treatment plans are consistent with diagnosis.

Requirement	Standard
	• Encounter forms or notes have a notation, when indicated, regarding follow-up care, calls, or visits. The specific time of return is noted in weeks, months, or as needed. • Unresolved problems from previous office visits are addressed in subsequent visits. • There is no evidence that the patient is placed at inappropriate risk by a diagnostic or therapeutic problem.
Consultations	• Review for under- and over-utilization of consultants. • If a consultation is requested, follow up regarding the consultation should be noted. • Consultation, lab, and imaging reports filed in the chart are initialed by the physician to signify review. If the reports are presented electronically, or by some other method, there is also representation of physician review. Consultation, and abnormal lab and imaging study results, have an explicit notation in the record of follow-up plans.
Assessments and Preventive Care	The following additional assessments and documentation must be recorded in the medical record if applicable: • The prenatal risk assessment tool. • Copies of the CHDP PM-160 form for Alliance Medi-Cal pediatric health assessments. • Lead testing and screening. • Evidence of CCS coordination. • Health risk assessment tool. • Use of an interpreter (or member refusal). • Preventive care encounters are completed and filed, as appropriate, according to policies in this manual.

Alliance CompleteCare maintains the right to review member medical records for quality improvement, utilization review, payment and medical management purposes.

Consultation Guidelines (CMS Requirements)

A consultation is an E&M (Evaluation and Management) service provided by a physician (or qualified practitioner) whose opinion or advice regarding evaluation and/or management of a specific problem is requested by another physician (or other appropriate source).

A patient *referred* to a physicians' practice for evaluation and treatment of a problem is not necessarily a consult. A referral implies a transfer of care, and when a transfer of care occurs, you can not bill for a consultation.

A consult can only be billed if the following requirements are met.

1. Request – A request and the reason for consultation must be documented in the patient's record by both the consultant and the requesting provider. The requesting provider must be seeking the advise, opinion, recommendation, etc. from the consultant in evaluating or treating a patient's condition because the consultant has expertise in an area beyond the requesting professional's knowledge and scope.

2. Render – The consultant renders an E&M service to the patient related to the specified problem.

3. Respond – The consultant responds to the requesting provider by preparing a written report of his or her findings and recommendations.

Emergency Room Services

If an emergency room physician treats and discharges a patient with instruction to visit a specialty clinic for follow-up, the MD in the specialty clinic cannot bill for a consultation because advice or opinion is not required by the emergency room physician. The specialty physician should report the appropriate office visit code.

Pre-Operative and Post-Operative Consultation Guidelines

A pre-operative consultation at the request of a surgeon is payable if the service is medically necessary and not routine screening. Following a pre-operative consultation, if the same physician (or a physician within the same sub-specialty group) assumes responsibility for the

management of all or part of the patient's care post-operatively, the subsequent visit codes must be billed. A second consultation is not billable.

Mid-level practitioner's may request and perform consultations if it is within their scope of practice. Diagnostic service and treatments may be initiated at the initial consultation service or during follow-up visits.

CMS has defined a "complete transfer of care" as transfer of care for the problem, not the entire medical care of the patient.

Universal Precautions

Universal precautions are a set of standards for protecting health care workers from accidental exposure to blood and body fluids from ALL patients.

Requirement	Standard
Gloves	Gloves should be worn when examining patients, or handling blood and body fluids. Gloves should be changed after contact with each patient.
Masks and Protective Wear	Mask and protective eyewear, or face shields, should be worn during procedures that are likely to generate droplets of blood or other body fluids. Gowns or aprons should be worn during procedures that are likely to generate splashes of blood or other body fluids.
Washing	Hands and other skin surfaces should be washed immediately and thoroughly if contaminated with blood or other body fluids. Hands should be washed immediately after gloves are removed. Washing is discussed in more detail below.
Needles/Sharps	Needles should not be recapped and should be discarded with other sharps in puncture-resistant containers located in treatment rooms.
Posted Information	Signs with Universal Precautions information should be posted in the provider office.

Hand Washing Guidelines

Providers shall provide hand washing facilities which are readily accessible to employees.

Requirements
Antiseptic solutions (Hibiclens, Cidastat, Alcare, CalStat, or Betadine) shall be used for hand washing, and made available in all patient areas. Medical personnel must wash their hands and other exposed areas. • Immediately after removal of gloves or other personal protective equipment. • Immediately following contact of such body areas with blood or other potentially infectious materials. • When obviously soiled, after toileting, blowing or wiping the nose, and before eating. • Before performing invasive procedures, whether gloves are worn or not. • Before and after contact with any wound. • Before and after contact with any neutropenic patient. • After contact with any likely source of organisms, such as items contaminated with body fluids. • Before and after direct patient contact.

Infection Control Supplies and Devices

Requirement	Standard
Protective Equipment	Providers shall supply appropriate personal protective equipment, such as, but not limited to, gloves, water repellant gowns, laboratory coats, face shields or masks, and eye protection.
Sharps	Needles should be recapped and should be discarded with other sharps in puncture-resistant containers located in treatment rooms.
Sterilization Agents	Providers must keep adequate supplies of cold sterilization agents, disinfectants, and germicidal agents. The provider must have the biological indicator agents, and chemicals necessary for monitoring and maintaining the autoclave. The autoclave is maintained and serviced according to manufacturer's guidelines.
Biohazard Containers	Providers must have rigid or disposable containers that are leak-proof with a tight-fitting lid for disposal of biohazardous material, and attach readily observable biohazardous labels to these or any containers and equipment which are contaminated or present a risk.

Isolation Precautions

Requirement	Standard
General Precautions	• Quickly triage the patient out of the common waiting area and escort the patient to an exam room. • Keep the door closed. • If patient needs to cough, instruct patient to cough into a tissue. • Determine susceptibility of others (see table below), and protect visitors and healthcare workers who have not been vaccinated, or had the disease from interacting with the patient. • If it is necessary to transport the patient through common areas, have the patient wear a mask. • Wash all horizontal surfaces with detergent/disinfectant and allow to dry at least two hours before using the room for other patients.
Disease-Specific Precautions	Disease-specific precautions consider each infectious disease individually so that only those isolation precautions which are indicated to interrupt transmission of that disease are recommended.

Disease-Specific Precautions

The table below includes precautions for common diseases known to be spread by the respiratory route. Hand washing is not listed in the table because it is important for ALL diseases.

	Immunity Required	Mask	Gloves	Gowns
Chickenpox (Varicella)	Yes	Yes	Yes	Yes
Disseminated herpes zoster	Yes	Yes	Yes	Yes
Diphtheria (pharyngeal)	Yes	Yes	BSP*	BSP*
Hemorrhagic fever		Yes	Yes	Yes
Measles (rubella)	Yes	Yes	BSP*	BSP*
Meningococcal meningitis		Yes	BSP*	BSP*
Mumps (infectious parotitis)	Yes	Yes	BSP*	BSP*

	Immunity Required	Mask	Gloves	Gowns
Pertussis (whooping cough)		Yes	BSP*	BSP*
Plague		Yes	Yes	Yes
Rubella (German measles)	Yes	Yes	BSP*	BSP*
Tuberculosis		Yes	BSP*	BSP*
*The abbreviation “BSP” refers to Body Substance (Universal) Precautions.				

Disinfection and Sterilization

Before any item is sterilized or disinfected, it must be thoroughly cleaned.

Requirement	Standard
Disinfection	• Disinfection is a process that kills or destroys most disease-producing organisms except spores. • Items that come in contact with mucous membranes or non-intact skin, such as endoscopes, anesthesia equipment, and respiratory therapy equipment, must be disinfected. High level disinfection requires that items are soaked a minimum of 20 minutes.
Sterilization	Sterilization is a process that destroys all microorganisms including spores. Sterilization can be achieved through autoclave (heat) or chemicals. Chemical sterilization may be achieved by soaking items at least ten hours. Instruments, needles, scalpels, and catheters must be sterilized.
Autoclaving	• Autoclaves should be monitored weekly with a biological indicator to assure proper spore killing temperatures are reached. • Each load autoclaved should contain a chemical indicator that changes color to indicate that the item has been through a sterilization process. • Each load should be checked to ensure that the proper temperature has been achieved for the appropriate length of time. • Each item placed in the autoclave should be dated so that supplies and equipment are used within the designated effective sterilization period. • An Autoclave log must be maintained which documents the date, time and operation of each run, dates and results of sterilizer calibration, and results of routine spore testing.

Requirement	Standard
Sterile Packages	Storage areas for sterilized packages are clean, dry, and separated from non-sterile items by a functional barrier such as shelf, cabinet, door or drawer. Sterilized package labels include date of sterilization, load run identification information, and general contents (e.g., suture set). Sterilized items are considered sterile until use, unless an event causes contamination. Sterilized items are not considered sterile if the package is opened, wet/moist, discolored, or damaged. It should be removed from the sterile package storage area. Facility has a process for routine evaluation of sterilized packages.

Biohazardous and Infectious Waste Disposal

Requirement	Standard
Definition	Biohazardous waste is defined as: • Sharps. • Laboratory waste. • Infectious waste. • Anti-neoplastic drugs. • Discarded live and attenuated vaccines. • Microbiological specimens, culture dishes, and devices used to transfer, inoculate, and mix cultures. • Waste containing liquid, dried or semi-liquid blood, or other potentially infected material. • Waste-containing body substances.
Infectious Waste	Infectious waste should be placed in red leak-proof biohazardous bags. The leak-proof bags and/or other containers should be labeled “Infectious Waste” and include the biohazardous waste emblem. Specimens which could puncture the primary container should be placed within a heavy-duty secondary container. Infectious waste should be stored separate from regular trash in a protected/locked area. This area shall be secured so as to deny access to unauthorized persons, and marked with a biohazardous waste sign. Contaminated laundry shall be placed in bags or containers with lids which are labeled, or color-coded Biohazardous Waste.
Needles and Sharps	Needles and sharps must be disposed of immediately, and not recapped. They should be placed in puncture-resistant containers that are color-coded and leak-proof on sides and bottom. Sharps disposal units will be maintained in a

Requirement	Standard
	safe location accessible to personnel, and as close as possible to areas where used. Sharp disposal units must be sealed and disposed of when three-quarters full. Needless systems, needle devices, and non-needle sharps must be used.
Medical Waste Management Hauler	Providers must have a contract with a State-registered Medical Waste Management hauler to remove biohazardous waste for each site. Providers cannot transport biohazardous waste from site to site.

General Housekeeping

Requirement	Standard
Facility Sites	Facility sites must be kept clean, orderly and in a sanitary condition. This includes both patient and non-patient areas. • Floors must be kept clean and dry. • Disinfectant solution shall be used to safeguard against infection. Solution of sodium hypochlorite (household bleach diluted 1:10 with water, which must be changed every twenty-four hours, or other suitable disinfectant must be used to clean spills and contaminated areas. There must be a written cleaning schedule available. • Food and drink shall not be kept in refrigerators, or any other areas where blood or infectious materials are stored. • Protective coverings, such as plastic wrap, aluminum foil, or imperviously backed paper, used to cover equipment and surfaces, shall be removed and replaced as soon as feasible when they become contaminated, or at the least, at the end of the workday.
Cleaning of Blood/Blood-Laden Fluid Spills	Workers should clean spills of blood and blood-laden body fluids as follows: • Wear gloves and other protective covering as appropriate. • Blot up excess liquid and material with paper towels, and dispose in biohazardous waste bag. • Disinfect area with bleach solution. • Blot up disinfectant with paper towels or other absorbent material. • Remove gloves and place in biohazardous waste bag, closing it securely. • Wash hands with appropriate antiseptic hand washing solution.

Management of Accidental Needlestick

If a needlestick, puncture wound, or mucous membrane contamination occurs, the health care worker is to notify their immediate supervisor and complete a report of injury form.

Treatment of the health care worker should follow current recommendations of the Alameda County Health Officer. For any significant exposure to blood and/or body fluid, the option of testing for exposure to human immunodeficiency virus (HIV) should be offered.

Requirement	Standard
Established Procedures	Each provider office must have an established procedure to meet regulations for the reporting of infectious diseases to the local health authority (California Administrative Code, Title 17). Providers can request recommendations on treatment procedures from the local health department. Providers must perform necessary and required epidemiological follow-up, institute preventive measures per the local health department instructions, and have the current version of reportable diseases from the Public Health Department.
Reporting Form	Providers must complete the Confidential Morbidity Report (PM-110) and send it to local health authorities. The date the report was sent should be documented in the patient's medical record.
Confidentiality	Information about patients with reportable infectious diseases shall be kept confidential as required by California law.