CHAPTER 4  AEROSOL TRANSMISSIBLE DISEASE PREVENTION PROGRAM
Aerosol Transmissible Disease Prevention Program

County of Shasta
# AEROSOL TRANSMISSIBLE DISEASE PREVENTION PROGRAM

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AEROSOL TRANSMISSIBLE DISEASE PREVENTION PROGRAM

I. PURPOSE
Title 8, California Code of Regulations, General Industry Safety Orders, Section 5199 (CCR, GSO, Title 8, 5199) requires that employers’ procedures for complying with the regulation be documented in writing and made available to all employees for review and training.

II. SCOPE
This program establishes County of Shasta procedures for preventing and protecting employees from occupational exposures to known and novel pathogens that may cause illnesses acquired through aerosol transmission of a disease. An aerosol transmissible disease (ATD) is a disease that is transmitted by aerosols (a gaseous suspension of fine, solid or liquid particles).

This program sets forth the minimum standards for all County departments with operations and high hazard procedures that may expose employees to aerosol transmissible diseases (ATDs) at an elevated risk level, ie higher than what is considered ordinary for employees having direct contact with the general public. Individual departments may implement more stringent standards and shall utilize this program as the basis for preparing their own, department-specific Aerosol Transmissible Disease Prevention Program. Copies of department-specific programs shall be made available to the County Program Administrator upon request, and copies should also be included with the Shasta County Aerosol Transmissible Disease Prevention Program.

III. APPLICABLE FACILITIES, SERVICES AND OPERATIONS
Per Section 5199, the standard applies to the following county facilities, service categories and operations:
- Hospitals
- Skilled Nursing Facilities
- Clinics, Medical Office, and other outpatient medical facilities
- Home Health Care
- Long Term Health Care Facilities and Hospices
- Medical Outreach Services
- Paramedic and Emergency Medical Services (Firefighters and other Emergency Responders)
- Medical Transport
- Laboratories
- Coroner
- Correctional facilities
- Homeless Shelters
- Drug Treatment Programs

Also falling under the standard are:
- Any county facility, service or operation that is designated to receive persons arriving from the scene of an uncontrolled release of a hazardous substance or biological agent.
• Public safety services provided during transport or detention of any person anticipated to be an ATD case and public safety services provided in conjunction with health care or public health operations.
• Public Health or other health care services that are provided to reasonably anticipated cases or suspected cases of ATDs rendered in health care facilities or in connection with the provision of health care.
• Operations that perform aerosol generating procedures on cadavers.
• Laboratories that perform procedures that contain or are reasonably anticipated to contain aerosol transmissible pathogens as defined in CCR, GSO, Title 8, 5199.1.
• Maintenance or service operations on HVAC systems for airborne infection isolation, laboratory hoods, biosafety cabinets or buildings that may be contaminated with aerosol transmissible pathogens.

IV. RESPONSIBILITIES

County Program Administrator:
1. The County Program Administrator and the Alternate Program Administrator for the County ATD Program is the County Safety Officer. The Alternate Program Administrator will be selected by the County Program Administrator and shall be capable of acting in the place of the designated County Program Administrator with equal responsibility and authority.
2. Will provide support, leadership, and direction for the department ATD Exposure Plans.
3. Will delegate authority, responsibility, and accountability to effectively implement and maintain the County ATD Exposure Control Plan.

Department Program Administrator:
1. Will be selected by Department Heads.
2. Ensure the ATD Exposure Control Plan is implemented, reviewed annually, and revised as necessary.
3. Will create and modify department procedures to maintain an effective ATD Exposure Control Plan.
4. Will maintain and review records and reports pertinent to the department’s ATD Exposure Control Plan.
5. Evaluate the effectiveness of the department’s ATD Exposure Control Plan at least annually.

Supervisors:
1. Ensure employees comply with the policies and procedures established in the ATD Exposure Control Plan.
2. Ensure the ATD Exposure Control Plan has been implemented and is followed in their area(s) of responsibility.
3. Request resources necessary for the correction of safety and health hazards.
4. Ensure each affected employee under his/her direction is trained as required by this program.
5. Investigate all employee accidents, exposures and near misses.

Employees:
1. Follow all guidelines and procedures related to the ATD Exposure Control Plan.
2. Wear appropriate PPE, when required.
3. Immediately report all exposures, injuries and known safety deficiencies or potentially hazardous conditions to their supervisor.
4. Refrain from performing tasks they are not trained to perform.
5. Make recommendations for the prevention and control of workplace hazards, accidents and injuries.
**Occupational Medical Provider:**

1. Provide employee with occupational exposure services in connection with vaccinations against aerosol transmissible diseases in accordance with the standard.
2. Track employee immunization to assure completion.
3. Document any employee’s vaccination declination by requiring the employee to sign and date Appendix C1 – Vaccination Declination Statement (Mandatory) and/or Appendix C2 – Seasonal Influenza Vaccination Declination. The employee and Health Care Professional should then complete and sign Appendix C3 – Aerosol Transmissible Disease (ATD) Vaccinations with any vaccinations given noted on Appendix C3, and check the appropriate disposition. Copies of the completed and signed Appendix C3 must be mailed, faxed or emailed to Risk Management. When employees decline vaccinations signed copies of Appendix C1 and/or C2 must accompany the Appendix C3 form.

**V. REFERRING DEPARTMENTS**

A referring employer must have a written plan that documents compliance with the following:

1. Designate a Department Program Administrator and designated back-up that is knowledgeable of infectious control principles and with the authority to develop and implement a written plan that includes:
   - Identification of job categories that may have occupational exposure to ATDs at an elevated risk level, i.e., higher than what is considered ordinary for employees having direct contact with the general public.
   - Infection control procedures for cleaning and disinfection of work areas, vehicles and equipment that may become contaminated with ATDs.

2. Establish, implement, and maintain effective source control procedures that include:
   - Respiratory Hygiene Cough Etiquette in Health Care Settings
   - A method to inform persons with whom employees will have contact of the employer’s source control plan under the supervision of a physician or other licensed healthcare professional (PLHCP).

3. Establish, implement and maintain effective written procedures for:
   - Screening procedures for non-medical personnel based on the following:
     a) Cough for more than 3 weeks that is not explained by non-infectious conditions.
     b) Exhibits longer than 2 weeks, flu-like signs and symptoms outside the typical flu season (March-October). Symptoms such as coughing, other respiratory symptoms, fever, sweating, chills, muscle aches, weakness, malaise.
     c) State that they have a transmissible respiratory disease other than common cold or seasonal influenza. (Seasonal influenza does not require referral).
     d) State that they have been exposed to an infectious ATD case, other than seasonal influenza.
   - Transfer to a facility that can provide medical services within 5 hours of the identification of the case or suspected case unless,
     a) initial encounter with case occurs after 3:30 pm prior to 7 am, in which event the employer shall ensure that transfer occurs no later than 11 am; or
     b) there is confirmation by the local health officer that there is no facility that can provide Airborne Infection Isolation (A.I.I.); or
     c) the case meets the conditions of either of these exceptions:
       (1) The treating physician determines that transfer would be detrimental to a patient’s condition, the patient need not be transferred, or
(2) Where it is not feasible to provide A.I.I. rooms or areas, other control measures to reduce the risk of transmission to employees shall be implemented. These measures may include personal protective equipment including respiratory protection.

- Communication with employees, other employers, and the local health officer regarding the suspected or diagnosed infectious disease status of referred patients and provide necessary infectious control information to employees exposed to the referred patient.
- Reduce the risk of transmission of aerosol transmissible disease while the referred person is in the facility and may include separation or isolation room or area, separate ventilation or filtration of the room or area; employee use of respiratory protection. (See CCR, Title 8, Section 5144, subsection g for appropriate respirators).
- Compliance with medical confidentiality laws such as but not limited to HIPAA and the California Medical Records Act

4. Provide medical services for employees that includes:
   - No cost vaccinations administered by a physician or other licensed health care professional (PLHCP).
   - Continuity of care after a potential occupational exposure is reported and determined.
   - Routine and required medical surveillance for potentially exposed employees.

5. Ensure that all employees with potential occupational exposure participate in a training program that is provided at the time of initial assignment to tasks with the elevated risk of exposure and at least annually thereafter.

6. Coordinate annual review of the program by the administrator and the affected employees to ensure the effectiveness of the infection control procedures in the respective areas. Any deficiencies are to be corrected and the plan amended.

7. Keep records of participating employees training, vaccinations, exposure incidents; and, inspections, testing, and maintenance of non-disposal engineering controls. If respiratory protection is used, keep records in accordance with the Respiratory Protection Program (IIPP - Chapter 13).

VI. EXPOSURE CONTROL PLAN

Departments with activities that may result in potential airborne transmissible disease or novel pathogen exposure to employees will develop and implement a departmental exposure control plan. Each exposure control plan shall include these elements:

- Assignment of a responsible department program administrator and alternate.
- List of job classifications that may have elevated exposure.
- List of high hazard procedures performed by employees of the department.
- List of assignment or tasks that require PPE or respiratory protection against ATDs or novel pathogens.
- List of control measures for each task.
- Method of informing employees of the control measures to be used or in place.
- Procedures for processing known or suspected Airborne Infectious Disease cases including:
  - Identification of cases.
  - Temporary isolation of cases.
  - Transfer or referral of cases.
  - Methods to limit exposure to others.
  - Methods to document medical services and medical decisions, vaccinations.
  - Procedure for reporting an exposure incident.
• Procedures and methods of communication between departmental supervisors, employees, and other facilities that may be occupationally exposed regarding suspect or known cases of ATDs, while adhering to all medical confidentiality laws.
• A procedure for ensuring PPE is available for routine operations and emergency outbreaks to minimize exposure to employees at risk of occupational exposure to ATDs.
• Initial and annual training for employees identified as at elevated risk for exposure to ATDs.
• Procedures for record keeping.
• Procedures for “surge” events.

The departmental exposure control plan is to be reviewed regularly with documentation of deficiencies found and corrective actions implemented. The plan is also required to be made available to affected employees, employee representative, and any regulatory inspector for examination or copying.

A sample model for a department exposure control plan is added to this policy as Appendix B.

VII. SOURCE CONTROL PLAN (ENGINEERING & WORKPRACTICE CONTROLS)
Affected departments will develop and implement effective written Source Control Procedures that follow the recommendation of the Centers for Disease Control (CDC) for Respiratory Hygiene/Cough Etiquette. Source control procedures include, but are not limited to:
  1. Providing masks or tissues and hygiene materials to people who are coughing.
  2. Reducing exposures by implementing feasible engineering work practice controls to minimize exposures to airborne transmissible pathogens. Where these controls do not provide sufficient protection, the department will provide and require that the employee use personal protective equipment, such as respiratory protection.
  3. Identify and refer suspect or confirmed Airborne Infectious Disease (Air ID) cases - The department will develop effective procedures for the screening and referral of cases and suspected cases of Air ID’s to appropriate facilities.

VIII. RESPIRATORY PROTECTION & PPE
Affected departments must establish a respiratory protection program consistent with the County’s Respiratory Protection Program, so that employees with occupational exposure are protected from contracting the diseases. Hazard assessment of procedures and operations shall be performed to determine the type of respirator needed.

IX. MEDICAL SERVICES
General:
  1. Individual departments shall assure that medical services required by this program are made available to employees.
  2. Medical services, including vaccinations, tests, examinations, evaluations, determinations, procedures and medical management follow up will be:
     • Performed by or under the supervision of a physician or other licensed healthcare professional (PLHCP).
     • Provided in accordance with public health guidelines and provided in a manner that ensure the confidentiality of employees and patients.
     • Suspected TB exposures will be reported on the exposure report form.
3. Laboratory tests shall be conducted by an accredited laboratory.
4. Departments shall assure that any medical surveillance, evaluations, procedures, vaccinations, and post-exposure treatment is provided without cost of loss in pay to the employee, and at a reasonable time and place.

**Vaccinations:**
1. All employees with potential occupational exposure to ATDs will be offered appropriate vaccinations at no cost, upon hire or 10 working days prior to performing tasks determined to be at risk and documented in the Department ATD Exposure Control Plan. The following vaccination schedule for the prevention of ATDs will be followed in accordance with the standard and recommendation of the Centers for Disease Control (CDC).

<table>
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<tr>
<th>Vaccine</th>
<th>Schedule</th>
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<tr>
<td>Influenza</td>
<td>One dose annually</td>
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<tr>
<td>Measles</td>
<td>Two doses</td>
</tr>
<tr>
<td>Mumps</td>
<td>Two doses</td>
</tr>
<tr>
<td>Rubella</td>
<td>One dose</td>
</tr>
<tr>
<td>Tetanus, Diptheria, and Aacellular Pertussis (Tdap)</td>
<td>One dose, booster as recommended</td>
</tr>
<tr>
<td>Varicella-zoster (VZV)</td>
<td>Two doses</td>
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</tbody>
</table>

Employees who decline to accept a recommended and offered vaccination must sign a declination form (Appendix C).

2. Employees in laboratory operations outside of health care settings, and within the scope of subsection (f) of the standard, shall be offered appropriate vaccines in accordance with the current edition of *Biosafety in Microbiological and Biomedical Laboratories* (BMBL) for the specific laboratory.

3. If the employee initially declines a vaccination but later, while still covered under the standard, decides to accept the vaccination, the vaccination will be made available to the employee within 10 days of a written request by the employee.

4. Where recommended vaccine is not readily available to employees qualifying under the standard, efforts to obtain the vaccine will be made and the employees will be notified of the availability of the vaccine.

**X. EXPOSURE REPORTING**
1. County employees affected by this program are to be instructed to report exposure incidents immediately to their supervisor. Supervisors document the exposure on the “H1N1 & Other Novel Virus/Pathogens Exposure Report”, (Appendix D); and forward to Risk Management as soon as possible.

2. For suspected TB exposure, the supervisor will document the exposure on the DWC-1.

**XI. TRAINING**
Each county department shall ensure that all employees who work in conditions that pose an elevated risk of exposure to aerosol transmissible diseases, as well as supervisors of such employees, are trained by a knowledgeable person on the following topics:

1. The contents of this policy based on Title 8, CCR Section 5199, Aerosol Transmissible disease standard.
2. General explanation of ATDs, including signs and symptoms of ATDs that require further medical evaluation.
3. Modes of transmission of and source control procedures.
4. The employee’s departmental ATD Exposure Control Plan.
5. The employee’s department identified tasks and other activities that may expose employees to an aerosol transmissible pathogen (ATP) or aerosol transmissible pathogen - laboratory (ATPs-L). [spell out these two terms first time used]
6. Selection of Personal Protective Equipment (PPE) and its location, proper use, removal, handling, cleaning, decontamination and disposal.
7. Training and medical surveillance for employees whose assignment includes use of a respirator.
8. Availability of appropriate vaccines at no charge to the employee.
9. Procedures to follow in the event of an exposure incident, including the method of reporting, medical follow-up and post-exposure evaluation provided by the employer.
10. Trained employees shall have the opportunity to ask and have answered within 24 hours, any questions they may have regarding the department ATD policy and exposure control plan.

XII. RECORD KEEPING

Availability of Records
1. All records required to be maintained by this program shall be made available upon request to the chief of the California Division of Occupational Safety and Health and designated representatives for examination and copying.
2. Employee training records, the exposure control plan and/or biosafety plan, and records of implementation of the ATD exposure control plan and biosafety plan, other than medical records containing individually identifiable medical information, shall be made available as employee exposure records in accordance with Section 3204(e)(1) to employees and employee representatives.

Medical Records:
Medical records are maintained confidentially in individual employee records and kept at the Shasta County contracted Occupational Medical Provider center.

Training Documentation:
1. Training records shall be maintained by individual departments and recorded in the Shasta County training database designated by the County Safety Officer and include the following information:
   - Dates of training sessions
   - Contents or summary of the training session
   - Name of persons conducting the training; and
   - Names of all persons attending the training sessions
2. All training shall be maintained for 3 years from the date on which the training occurred.

Records of Implementation of ATD Plan and/or Biosafety Plan:
1. Records of the annual review of the ATD Plan, Biosafety Plan, and Department ATD Exposure Prevention Plans shall be kept for 3 years and include:
   - The name(s) of the person conducting the review,
   - The dates of the review,
   - The names and work area of employees involved, and
   - Summary of the conclusions.
2. Records of exposure incidents shall be retained and made available as employee exposure records in accordance with Section 3204. These records shall include:
   - The date of the exposure incident;
The names, and any other employee identifiers used in the workplace, of employees who were included in the exposure evaluation;
- The disease or pathogen to which employees may have been exposed;
- The name and job title of the person performing the evaluation;
- The identity of any PLHCP consulted;
- The date of the evaluation; and
- The date of contact and contact information for any other employer who either notified the employer or was notified by the employer regarding potential employee exposure.

3. Records of the unavailability of vaccine shall include the name of the person who determined that the vaccine was not available, the name and affiliation of the person providing the vaccine availability information, and the date of the contact. This record shall be retained for 3 years.

4. Records of the unavailability of A.I.I. rooms or areas shall include the name of the person who determined that an A.I.I. room or area was not available, the names and the affiliation of persons contacted for transfer possibilities, and the date of the contact, the name and contact information for the PLHCP providing assistance, and the times and dates of these contacts. This record, which shall not contain a patient’s individually identifiable medical information, shall be retained for 3 years.

5. Records of decisions not to transfer a patient to another facility for A.I.I. for medical reasons shall be documented in the patient’s chart, and a summary shall be provided to the Plan administrator providing only the name of the physician determining that the patient was not able to be transferred, the date and time of the initial decision and the date, time and identity of the person(s) who performed each daily review. The summary record, which shall not contain a patient’s individually identifiable medical information, shall be retained for 3 years.

6. Records of inspection, testing and maintenance of non-disposable engineering controls including ventilation and other air handling systems, air filtration systems, containment equipment, biological safety cabinets, and waste treatment systems shall be maintained for a minimum of 5 years and shall include the name(s) and affiliation(s) of the person(s) performing the test, inspection or maintenance, the date, and any significant findings and actions that were taken.

7. Records of the respiratory protection program shall be established and maintained in accordance with Section 5144, Respiratory Protection, of these orders. Employers who provide fit-test screening, in accordance with the exception to subsection (g)(6)(B) shall retain the screening record for 2 years.

XIII. ATD EXPOSURE INCIDENT ACTION PLAN

Employee:
1. Reports a specific exposure incident to responsible supervisor as soon as possible following the incident - in no event not to exceed end of work day of incident.
2. Completes the Aerosol Transmissible Disease Exposure Report Form (Appendix D) Reports source to supervisor if known.
3. Reports to selected medical professional (generally County’s contracted occupational health care provider or employee’s primary care provider) for medical evaluation/follow-up as referred by supervisor within 24 hours of exposure incident. Returns to medical professional for all necessary follow-up medical care.
4. Attends initial and annual training as scheduled by supervisor.
5. Signs Vaccination Declination or reports to selected medical professional as referred by supervisor in a timely manner for appropriate immunizations (See Appendix B for CDC recommended immunizations).
6. Signs consent forms for chest x-rays, blood draws, testing and release of medical information which are prerequisite for County paid medical evaluation/follow-up.

Supervisors:
1. Provide employee authorization for vaccinations, to be given to the employee at no cost, prior to performing work in any facilities or operations covered under the ATD standard or at the request of the employee if employee had previously declined immunization.
2. Prepares "H1N1 & Other Novel Virus/Pathogens Exposure Report" form, according to instructions on report form. Provides original completed form to employee for delivery to medical evaluation provider.
3. Sends second copy of the “H1N1 & Other Novel Virus/Pathogens Exposure Report” by fax to Risk Management accompanied by the completed Supervisors Incident Report Form.
4. Completes an investigation to verify/determine source of ATD exposure, documenting the source status (if known), source control measures, engineering controls in place and personal protective equipment used by the employee at the time of exposure.
5. Verifies that the Exposure Control Plan identifies the facility or operation or task as being at risk for ATD exposure to employees and contacts the Department Program Administrator of any needed modifications to the Plan.

Local Health Officer:
1. Provides consultation to Employer and/or Occupational Medical Provider when requested in conducting an analysis of post exposure scenarios to determine which employees had significant exposures, and recommend precautionary removal of employee(s) when necessary.
2. Provides consultation to Employer by identifying when employee duty assignments have a potentially elevated risk of exposure to ATDs higher than what is considered ordinary for employees having direct contact with the general public.

Occupational Medical Provider:
1. Assists employee in identifying source individual and assures that appropriate requests are initiated to determine the status of source individual, or establish that such status is legally or otherwise unobtainable.
2. Provide employee post exposure incident services in connection with vaccinations against aerosol transmissible diseases in accordance with the standard.
3. Track employee immunization to assure completion after post exposure incident.
4. Document any employee’s vaccination declination by requiring the employee to sign and date Appendix C1 – Vaccination Declination Statement (Mandatory) and/or Appendix C2 – Seasonal Influenza Vaccination Declination. The employee and Health Care Professional should then complete and sign Appendix C3 – Aerosol Transmissible Disease (ATD) Vaccinations with any vaccination(s) given noted on Appendix C3, and check the appropriate disposition. Copies of the completed and signed Appendix C3 must be mailed, faxed or emailed to Risk Management. When employees decline vaccination(s), signed copies of Appendix C1 and/or C2 must accompany the Appendix C3 form.
5. Provide employee with medical evaluation/follow-up upon authorization appropriate to exposure documentation provided by “H1N1 & Novel Virus/Pathogens Exposure Report”.
6. Obtain employee consent to provide copies of all medical reports and test results to Shasta County Safety Officer.
7. Obtain consent for employee testing as indicated.
8. Contact individual named on exposure documentation ("H1N1 & Novel Virus/Pathogens Exposure Report") for source individual information.
9. If requested by employee, provide employee with copy of form "H1N1 & Novel Virus/Pathogens Exposure Report".
10. Provide confidential copies of all medical reports and test reports to Shasta County Safety Officer. All reports are to be sent in a sealed envelope marked "Medically Sensitive and Confidential Information - to be opened by Addressee only", to Risk Management Department, Attn: County Safety Officer, 1450 Court Street, Rm.348, Redding, CA. 96001-1676, or Mail Code: CH-202.

Department Head:
1. Assure that all levels of management and supervision are instructed as to the County policy relative to implementation of County Safety Procedures.
2. Assure that the Department Aerosol Transmissible Disease Exposure Control Plan relative to facilities and operations of the department is developed and implemented.
3. Ensure that affected department employees are trained on the ATD Program and Department ATD Exposure Control Plan, including methods of source control, engineering controls, work practices, personal protective equipment needed to prevent occupational exposure to aerosol transmissible diseases, and exposure reporting procedures.

Risk Management:
1. Provide consultation and training to all Shasta County Departments necessary for implementation of the Aerosol Transmissible Disease Program.
2. Receive all reports of exposure incidents for inclusion into Risk Management Department database and OSHA 300 logs. Audit all reports to assure accuracy.
3. Prepare and provide departments list of approved providers of medical evaluation/follow-up treatment.
4. Monitor all medical evaluation/follow-up treatment to assure that care is provided in a non-adversarial manner, and according to established guidelines.
This appendix contains a list of diseases and pathogens which are to be considered aerosol transmissible pathogens or diseases for the purpose of Section 5199. Employers are required to provide the protections required by Section 5199 according to whether the disease or pathogen requires airborne infection isolation or droplet precautions as indicated by the two lists below.

**Diseases/Pathogens Requiring Airborne Infection Isolation**

- Aerosolizable spore-containing powder or other substance that is capable of causing serious human disease, e.g. Anthrax/Bacillus anthracis
- Avian influenza/Avian influenza A viruses (strains capable of causing serious disease in humans)
- Varicella disease (chickenpox, shingles)/Varicella zoster and Herpes zoster viruses, disseminated disease in any patient.
- Localized disease in immunocompromised patient until disseminated infection ruled out
- Measles (rubeola)/Measles virus
- Monkeypox/Monkeypox virus
- Novel or unknown pathogens
- Severe acute respiratory syndrome (SARS)
- Smallpox (variola)/Variola virus
- Tuberculosis (TB)/Mycobacterium tuberculosis -- Extrapulmonary, draining lesion; Pulmonary or laryngeal disease, confirmed; Pulmonary or laryngeal disease, suspected
- Any other disease for which public health guidelines recommend airborne infection isolation

**Diseases/Pathogens Requiring Droplet Precautions**

- Diphtheria pharyngeal
- Epiglottitis, due to Haemophilus influenzae type b
- Haemophilus influenzae Serotype b (Hib) disease/ Haemophilus influenzae serotype b -- Infants and children
- Influenza, human (typical seasonal variations)/ influenza viruses
- Meningitis
  - Haemophilus influenzae, type b known or suspected
  - Neisseria meningitidis (meningococcal) known or suspected
- Meningococcal disease sepsis, pneumonia (see also meningitis)
- Mumps (infectious parotitis)/Mumps virus
- Mycoplasmal pneumonia
- Parvovirus B19 infection (erythema infectiosum)
- Pertussis (whooping cough)
- Pharyngitis in infants and young children/Adenovirus, Orthomyxoviridae, Epstein-Barr virus, Herpes simplex virus,
- Pneumonia
  - Adenovirus
  - Haemophilus influenzae Serotype b, infants and children
  - Meningococcal
  - Mycoplasma, primary atypical
  - Streptococcus Group A
- Pneumonic plague/Yersinia pestis
- Rubella virus infection (German measles)/Rubella virus
- Severe acute respiratory syndrome (SARS)
- Streptococcal disease (group A streptococcus)
  - Skin, wound or burn, Major
  - Pharyngitis in infants and young children
  - Pneumonia
  - Scarlet fever in infants and young children
  - Serious invasive disease
- Viral hemorrhagic fevers due to Lassa, Ebola, Marburg, Crimean-Congo fever viruses (airborne infection isolation and respirator use may be required for aerosol-generating procedures)
- Any other disease for which public health guidelines recommend droplet precautions.
1. **Policy**

   It is the policy of ___________________________ to provide its employees with a safe and healthful work environment. The purpose of the Department ATD Exposure Control Plan is to provide written guidance to employees to help reduce or eliminate the possibility of infection with aerosol transmissible diseases by specifically addressing the hazards of their workplace(s) and developing procedures related to exposure prevention.

   This program was developed in accordance with the requirements contained in Title 8, California code of Regulations, Section 5199.

2. **Scope**

   This document applies to employees that have or potentially have occupational exposure to ATDs. All affected employees must comply with the provisions outlined in this document.

   This ATD Exposure Control Plan is available for employees to review during regular business hours. A copy of the plan is available for review at___________________.

3. **Responsibilities**

   **Program Coordinator -**
   a. Department Program Coordinator : Alternate Department Program Coordinator:

      _______________________________  _______________________________  
      (Name)                          (Name)

      _______________________________  _______________________________  
      (Title)                        (Title)

      _______________________________  _______________________________  
      (Contact Information)        (Contact Information)

   b. Ensure the ATD Exposure control Plan is implemented, reviewed annually and revised as necessary.
   c. Identify the job classifications within the department in which employees have occupational exposure to ATDs, at an elevated risk level, ie higher than what is considered ordinary for employees having direct contact with the general public.
   d. Identify ATD high hazard procedures and operation within the department and develop procedures required to maintain an effective ATD exposure prevention program.
   e. Ensure that methods of engineering and work practice controls, personal protective equipment (PPE), medical services, training and recordkeeping are in accordance with Title 8, California Code of Regulations, Section 5199.
   f. Ensure all suspected, reported, or alleged safety and health hazards are evaluated and controlled.
   g. Evaluate the effectiveness of the ATD Exposure Control Plan.

   **Supervisors -**
   a. Ensure employees comply with the policies and procedures established in the ATD Exposure Control Plan.
   b. Ensure the ATD Exposure control Plan has been implemented and in followed in their area(s) of responsibility.
   c. Ensure each affected employee is trained as required by this program.
   d. Investigate all employee accidents, exposures, and near misses.
   e. Communicate safety and health information to employees when hazards are identified or new operations, materials, procedures or equipment are introduced into the workplace.

   **Employees -**
   a. Follow all guidelines and procedures related to the ATD Exposure Control Plan.
b. Wear appropriate PPE, when required.
c. Immediately report all exposures, injuries, and known safety deficiencies or potentially hazardous conditions to their supervisor.
d. Refrain from performing tasks they are not trained to perform.
e. Make recommendations for the prevention and control of workplace hazards, accidents and injuries.

4. **Potential Exposure Determination**

Exposure determinations will be performed for all employees with potential exposure to ATDs at an elevated risk level, higher than what is considered ordinary for employees having direct contact with the general public. Additionally, exposure determinations will also be performed when new or modified processes/procedures/methods are introduced into the workplace with potential for exposure to ATDs. The following lists identify the job classification, procedures, and assignments where exposure to ATDs at an elevated risk level, higher than what is considered ordinary for employees having direct contact with the general public may occur and the control measures to be utilized for each occurrence:

<table>
<thead>
<tr>
<th>Job Classification</th>
<th>Procedures</th>
<th>Assignment or Location</th>
<th>Control Measures</th>
<th>PPE to be used</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

NOTE: Specific control measures will be listed for each operation or work area in which occupational exposure occurs. These measures will include applicable engineering and work practice control, cleaning and decontamination procedures, and personal protective equipment.

5. **Engineering, Work Practice Controls and Personal Protective Equipment**

All feasible engineering and work practice control will be used to minimize employee exposure to ATPs. Where engineering and work practice controls do not provide sufficient protection, employees will be provided personal protective equipment.

Engineering and work practice control will also be implemented to protect employees who operate, use or maintain vehicles that transport persons who are ADT cases or suspected cases.

a. Engineering control will be used in all workplaces that admit, house or provide medical services to AirID cases or suspected cases.
   - Insert a description of the engineering control(s) that are used in the facility.

b. Work practice control will be implemented to prevent or minimize employee exposure to airborne, droplet, and contact transmission of ATPs.
   - Insert and describe decontamination procedures for the cleaning and decontamination of work areas, vehicles, PPE and other equipment.

c. Personal Protective Equipment (PPE)
   - Insert list of PPE provided to employees and provide a description of the procedures and operation in which it will be used.
6. Source Control & Surge Procedures
   a. Give a description of the source control measures that are implemented in the facility, service, or operation, and the method of informing the people entering the work setting of the source control measures.
   b. Where feasible, county health care and correctional facilities, and field operations shall incorporate CDC’s Respiratory Hygiene/Cough Etiquette in Health Care Settings practices and list methods to inform individuals entering facilities, being transported by employees, or anyone having close contact with employees of these source control procedures.
   c. List the engineering and work practice procedures to protect employees who operate, use, or maintain vehicles that transport known and suspected ATD cases. Document the consideration process for the use of barriers and air handling systems in vehicles and include the annual review of the Source Control Plan.
   d. Document decontamination cleaning and procedures.
   e. Inform contractors and temporary or contract employees who may have exposure of the source control plan and measures being taken.
   f. Insert the procedures that will be used to identify, temporarily isolate, and refer or transfer airborne infectious diseases (AirID) cases or suspected cases to airborne infection isolation (AII) rooms, area or facilities. Include the methods that will be used to limit employee exposure to these persons during periods when they are not in AII rooms or areas..
   g. Insert procedures that describe the work practices, decontamination of facilities and how personal protective equipment and respiratory protection equipment will be stockpiled for surge event. These events include the uncontrolled release of hazardous substances involving biological agents. Procedures will include how respiratory and personal protective equipment will be stockpiled, accessed or procured, and how the facility or operation will interact with the local and regional emergency plan.

7. Medical Surveillance
   Medical services, including vaccinations, test, examinations, evaluations, determinations, procedures and medical management follow up will be:
   • Performed by or under the supervision of a physician or other licensed healthcare professional (PLHCP).
   • Provided in accordance with public health guidelines and provided in a manner that ensure the confidentiality of employees and patients.

   The assessment for latent tuberculosis infection (LTBI) will be made available to all employees with occupational exposure. Assessment procedures will be in accordance with applicable guidelines:
   • TB tests and other forms of TB assessment will be provided at least annually, and more frequently, if applicable public health guidelines or the local health officer recommends more frequent testing. Employees with baseline positive TB test will have an annual symptom screen.
   • The department will refer employees who experience a TB conversion to a PLHCP knowledgeable about TB for evaluation.

8. Vaccinations
   All employees with potential occupation exposure to aerosol transmissible diseases at an elevated risk level, ie higher than what is considered ordinary for employees having direct contact with the general public, will be offered the following vaccinations upon hire and at no cost.

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td>Influenza</td>
<td>One dose annually</td>
</tr>
<tr>
<td>Measles</td>
<td>Two doses</td>
</tr>
<tr>
<td>Mumps</td>
<td>Two doses</td>
</tr>
<tr>
<td>Rubella</td>
<td>One dose</td>
</tr>
<tr>
<td>Tetanus, Diphtheria, and Acellular Pertussis (Tdap)</td>
<td>One dose, booster as recommended</td>
</tr>
<tr>
<td>Varicella-zoster (VZV)</td>
<td>Two doses</td>
</tr>
</tbody>
</table>
• Recommended vaccinations will be made available to all employees who have occupational exposure at an elevated risk level, ie higher than what is considered ordinary for employees having direct contact with the general public, after the employee has received required training unless:
  o The employee has previously received the recommended vaccinations
  o The employee is immune as determined by a PLHCP
  o The vaccination is contraindicated for medical reasons.
• Additional vaccine will be made available to employees within 120 days of the issuance of new applicable public health guidelines recommending the additional dose.
• Participation in a prescreening serology program is not a prerequisite for receiving a vaccine unless recommended by applicable health care guidelines.
• Employees may decline a vaccination but at a later date decided to accept the vaccination.
• Employees who decline to accept a recommended and offered vaccination must sign a declination form (Appendix C).

9. **Exposure Incidents:**
   All reportable ATD cases or suspected cases will be reported to Shasta County Risk Management.

10. **Training:**
    All employees with occupational exposure to ATD’s at an elevated risk level, ie higher than what is considered ordinary for employees having direct contact with the general public, will be trained on the ATD policy, procedures, and Exposure Control Plan at the time of initial assignment to tasks with potential exposure, whenever the ATD program changes, and annually thereafter, by Department ATD Program Coordinators. Employees will have the opportunity to ask questions and have the questions answered in a timely manner. The training will consist of:
    a. General explanation of ATDs and signs and symptoms that require medical evaluation
    b. Screening methods and criteria for person who require referral
    c. Source control measures and they are communicated
    d. Referral procedures
    e. Temporary risk reduction measures for referral cases
    f. Medical services procedures
    g. Information on the vaccines program
§ 5199. Appendix C1 - Vaccination Declination Statement (Mandatory)

The employer shall ensure that employees who decline to accept a recommended vaccination offered by the employer sign and date the following statement as required by subsection (h)(5)(E):

I understand that due to my potential occupational exposure to aerosol transmissible diseases, I may be at risk of acquiring infection with ________________ (name of disease or pathogen). I have been given the opportunity to be vaccinated against this disease or pathogen at no charge to me. However, I decline this vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring ________________, a serious disease. If in the future I continue to have occupational exposure to aerosol transmissible diseases and want to be vaccinated, I can receive the vaccination at no charge to me.

______________________  _________
Employee Signature    Date

__________________________ ______________ _____
Signature of Health Care Professional   Name (Please Print)   Date
§ 5199. Appendix C2 - Seasonal Influenza Vaccination Declination Statement (Mandatory)

The employer shall ensure that employees who decline to accept the seasonal influenza vaccination offered by the employer sign and date the following statement as required by subsection (h)(10):

I understand that due to my potential occupational exposure to aerosol transmissible diseases, I may be at risk of acquiring seasonal influenza. I have been given the opportunity to be vaccinated against this infection at no charge to me. However, I decline this vaccination at this time. I understand that by declining this vaccine, I continue to be at increased risk of acquiring influenza. If, during the season for which the CDC recommends administration of the influenza vaccine, I continue to have occupational exposure to aerosol transmissible diseases and want to be vaccinated, I can receive the vaccination at no charge to me.

______________________  _________
Employee Signature    Date

__________________________ ______________ _____
Signature of Health Care Professional   Name (Please Print)   Date
Aerosol Transmissible Disease (ATD) Vaccinations – Appendix C3

A Cal/OSHA standard (Title 8 of the California Code of Regulations, Section 5199) covering Aerosol Transmissible Diseases (ATDs) requires employers to offer ATD vaccinations free of charge to all employees who are exposed to ATDs or other potentially infectious materials at an elevated risk (higher than what is considered ordinary for employees having direct contact with the general public), as part of their job duties.

Employees in job classifications and whose job duty assignments within those classifications who are deemed by their Department Head to have occupational exposure to aerosol transmissible diseases (with an elevated risk higher than what is considered ordinary for employees having direct contact with the general public) may be at risk of acquiring infection with specific viruses or bacteria, such as influenza, measles, mumps, rubella, tetanus (“lockjaw”), diphtheria, pertussis (whooping cough) or varicella (chickenpox), if they have not previously had the disease(s) or prior appropriate vaccination(s). Such designated employees shall have been given the opportunity to be vaccinated against such pathogens they may be deemed potentially exposed to at no charge to the employee. However, employees may decline this vaccination. Employees must understand that by declining the vaccine(s), they may continue to be at risk of acquiring one or more of these serious diseases, some of which are potentially life-threatening.

A potentially exposed worker who does not want to receive one or more of the vaccines must sign the required declination form. Someone who initially declines vaccination may choose to receive it at a later date if still working for the County in a job classification and duty assignment(s) with potential elevated exposure to ATDs.

The ATD Standard requires that employees be given copies of the evaluating health care professional’s written opinion regarding the need for ATD vaccines. Below is your copy of that written opinion.

<table>
<thead>
<tr>
<th>Name of Employee (Please Print)</th>
<th>Classification Title</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Schedule</th>
<th>Vaccine started</th>
<th>Vaccine declined**</th>
<th>Vaccine complete</th>
<th>Vaccine contraindicated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Influenza</td>
<td>One dose</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>annually</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measles</td>
<td>Two doses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mumps</td>
<td>Two doses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rubella</td>
<td>One dose</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tetanus, Diphtheria and</td>
<td>One dose,</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acellular Pertussis (Tdap)</td>
<td>booster as</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>recommended</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Varicella-zoster (VSV)</td>
<td>Two doses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Generally given as a combination of all 3 (MMR); every 10 years.
** Declination form signed.

Disposition:
_______ Vaccine Series started.
_______ Vaccine declined. Declination form signed.
_______ Vaccine series complete.
_______ Vaccine is contraindicated for medical reasons.
_______ Employee previously received complete vaccine series.

_________________________   _______________________
Signature of Health Care Professional          Name (Please Print)  Date
## Aerosol Transmissible Disease

### H1N1 & OTHER NOVEL VIRUS/PATHOGENS EXPOSURE REPORT – APPENDIX D

*INSTRUCTIONS ON REVERSE SIDE*

<table>
<thead>
<tr>
<th>Employee Name</th>
<th>Birth Date</th>
<th>S.S. #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Address (number, street, apt. number)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Home Phone</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(City, State, Zip)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Work Phone</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hire Date</td>
<td>Job Classification</td>
<td>Employee #</td>
</tr>
<tr>
<td>Department Name (specify section)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dept. Mailing Address (number, street, city, zip, mail code)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### EXPOSURE DATE:

**TIME:** am pm

### Location where exposure occurred:

- [ ] Inside Bldg
- [ ] Inside Vehicle
- [ ] Outdoors
- [ ] Other, please describe the scene:

### Performing tasks as trained?

- [ ] Yes
- [ ] No

If no, corrective action taken:

### About the Source:

- [ ] Person? Give name & date of birth
- [ ] County building? Give Department & address
- [ ] Non-county building/residence/business? Give name & address
- [ ] County vehicle? Give vehicle #
- [ ] Other? describe

### Proximity to the Exposure Source:

- [ ] 1-ft or less
- [ ] 1-3 ft
- [ ] More than 3 ft
- [ ] Other (specify)

### PPE Used:

- [ ] N95 (Surgical)
- [ ] N95 (Industrial)
- [ ] N100
- [ ] P100
- [ ] PAPR
- [ ] Other (specify)
23. Any Engineering control in place?  □ No  □ Yes  If YES, describe or mark box
   □ Airborne Infectious Isolation Room
   □ Local exhaust ventilation (hood)
   □ Optimizing ventilation in vehicles
   □ Hand Sanitizer or Hand Washing Facilities
   □ Other:

24. Length of time in contact with source:

25. Source Status (to be completed by Risk Management)
   □ Unknown  □ Active H1N1  □ Rule out H1N1  □ Active Novel Virus  □ Rule out Novel Virus

   Physician's name & phone:

---

**EVALUATION/FOLLOW-UP TREATMENT AUTHORIZATION**

Please provide this patient with medical evaluation/follow-up as provided by Shasta County Procedure, a copy of which has been previously provided. Above, you will find background information relative to the incident. All billings for services are to be sent to: Shasta County Dept. of Risk Management, 1450 Court Street Rm. 348, Redding, CA 96001-1676

**Instructions for completing the Other Novel Virus Exposure Report**

This report includes medically sensitive information and is to be prepared and handled in strict confidence. Only these two pages are to be prepared as follows:

1) The employee delivers the first signed original to the approved medical facility to which he or she has been referred for evaluation and follow-up.

2) The second signed original is to be sent in a sealed envelope marked “Medically Sensitive and Confidential Information to be opened by Addressee only”, to Department of Risk Management, Attn: County Safety Officer, Mail Code 202.

3) Additional information and requirements are contained in the Shasta County Injury and Illness Prevention Manual in accordance with the California Code of Regulations, Title 8, Section 5193. Questions regarding this form and other safety related matters should be directed to the County Safety Officer.

This report is not to be copied or duplicated, nor is the information contained herein to be maintained in any fashion other than described above without the expressed written permission from the County Safety Officer. The information contained in the report is not to be released in any manner or to any person, other than outlined above, without review and approval by County Counsel, Shasta County. If the exposed employee desires to maintain a copy of this report, such copy is to be provided by the treating medical professional. Shasta County employees are hereby advised that in
maintaining a personal copy of this report, they assume personal liability (both civil and criminal) for any release of confidential information on the source individual that may result from maintaining such personal copy.

**Instructions**

1-10. Self explanatory.

11-14. This information can be obtained through your Personnel Officer or Payroll Clerk.

15-16. Specify your department, section and mailing address with mail code.

17. Specify date and time of exposure.

18. Check the correct box or describe your environmental at the time of exposure.

19. Check YES or NO. If NO, then list what training has been scheduled and when.

20. Self explanatory.

21. Mark the appropriate

22. Mark appropriate box

23. Mark appropriate box

24. Mark appropriate box

25. *The Department of Risk Management will complete this section when applicable.*
<table>
<thead>
<tr>
<th>Occupation</th>
<th>ATD-Occupational Exposure</th>
<th>ATD-Zoonotic Occupational Exposure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Custody Cook I, II</td>
<td>A</td>
<td></td>
</tr>
<tr>
<td>Animal Care Technician</td>
<td></td>
<td>Z</td>
</tr>
<tr>
<td>Animal Regulation Officer I/II/III</td>
<td></td>
<td>Z</td>
</tr>
<tr>
<td>Assistant Chief Probation Officer</td>
<td>A</td>
<td></td>
</tr>
<tr>
<td>Assistant District Attorney</td>
<td>A</td>
<td></td>
</tr>
<tr>
<td>Assistant Social Worker</td>
<td>A</td>
<td></td>
</tr>
<tr>
<td>Captain</td>
<td>A</td>
<td>Z</td>
</tr>
<tr>
<td>Chief Deputy Public Guardian</td>
<td>A</td>
<td></td>
</tr>
<tr>
<td>Chief District Attorney’s Inv</td>
<td>A</td>
<td></td>
</tr>
<tr>
<td>Chief of Psychiatry</td>
<td>A</td>
<td></td>
</tr>
<tr>
<td>Chief Probation Officer</td>
<td>A</td>
<td></td>
</tr>
<tr>
<td>Chief Public Defender Investigator</td>
<td>A</td>
<td></td>
</tr>
<tr>
<td>Chief Public Health Microbiologist</td>
<td>A</td>
<td></td>
</tr>
<tr>
<td>Clinical Division Chief</td>
<td>A</td>
<td></td>
</tr>
<tr>
<td>Clinical Program Coordinator</td>
<td>A</td>
<td></td>
</tr>
<tr>
<td>Clinical Psychologist I</td>
<td>A</td>
<td></td>
</tr>
<tr>
<td>Clinical Psychologist II</td>
<td>A</td>
<td></td>
</tr>
<tr>
<td>Clinical Psychologist III</td>
<td>A</td>
<td></td>
</tr>
<tr>
<td>Clinician Intern</td>
<td>A</td>
<td></td>
</tr>
<tr>
<td>Community Education Specialist I, II</td>
<td>A</td>
<td></td>
</tr>
<tr>
<td>Community Health Advocate</td>
<td>A</td>
<td></td>
</tr>
<tr>
<td>Community Mental Health Worker</td>
<td>A</td>
<td></td>
</tr>
<tr>
<td>Cook I, II</td>
<td>A</td>
<td></td>
</tr>
</tbody>
</table>
Correctional Officer I, II     A
Correctional Plant Manager     A
Correctional Sergeant     A
Deputy Chief Investigator     A
Deputy Coroner Investigator     A
Deputy County Health Officer     A
Deputy Director of Mental Health     A
Deputy District Attorney I, II, III     A
Deputy Health Officer     A
Deputy Probation Officer I, II, III     A
Deputy Public Defender I, II, III     A
Deputy Public Guardian     A
Deputy Sheriff     A   Z
Deputy Sheriff (Entry Level)     A   Z
Deputy Sheriff (Special I, II)     A   Z
Deputy Sheriff Trainee     A   Z
Deputy Treas-Tax Coll/Treas PA     A   Z
District Attorney     A
District Attorney’s Investigator I, II     A
Driver     A
Food Service Supervisor     A
Forensic Pathologist     A
Home Health Aide     A
Investigative Technician I, II     A
Investigative Technician II     A
Juvenile Detention Officer I, II     A
Lead Road Maintenance Worker     Z
Lead Special Crews Worker Z
Lead Substance Abuse Prevention Specialist A
Licensed Physical Therapist Assistant A
Licensed Vocational Nurse A
Lieutenant A Z
Mechanical Crafts Worker I A
Mechanical Crafts Worker II A
Mental Health Clinician I, II, III A
Nurse Practitioner I, II A
Nutrition Assistant I, II, III A
Occupational Therapist I, II A
Patients’ Rights Advocate A
Physical Therapist I, II A
Physician Assistant I, II A
Probation Assistant A
Probation Division Director A
Program Manager II/Public Guardian A
Property Tax Specialist I, II, III A Z
Psychiatric Technician A
Psychology Intern I, II A
Public Defender A
Public Defender Investigator A
Public Health Assistant A
Public Health Clinic Services Coordinator A
Public Health Laboratory Technician A Z
Public Health Microbiologist I, II, III A Z
Public Health Microbiologist Trainee A Z
Public Health Nurse I, II, III A
Public Health Nutritionist I, II    A
Public Safety Service Officer    A
Recreational Therapist I, II    A
Registered Nurse (Public Health)    A
Road Maintenance Supervisor    Z
Road Maintenance Worker I, II, III    Z
Senior Deputy District Attorney    A
Senior Deputy Public Defender    A
Senior Psychiatrist    A
Senior Public Health Assistant    A
Senior Sheriff’s Service Officer    A
Senior Social Worker    A
Sergeant    A   Z
Sheriff’s Cadet    A   Z
Sheriff’s Civil Service Supervisor    A   Z
Sheriff-Coroner    A
Sheriff’s Program Manager    A    Z
Social Service Aide    A
Social Worker    A
Social Worker Supervisor I, II
Special Crews Supervisor    Z
Special Crews Worker III    Z
Staff Nurse I, II    A
Structural Crafts Worker    A
Supervising Crafts Worker    A
Supervising District Attorney’s Investigator    A
Supervising Juvenile Detention Officer    A
Supervising Probation Officer    A
Supervising Public Health Nurse   A
Supervising Public Health Nutritionist   A
Therapist Supervisor   A
Treasurer-Tax Collector-Public Administrator   A   Z
Undersheriff   A   Z

NOTE: If any department determines that any occupation within their department that is not on this published list has occupational exposure, then that department must still comply with the Shasta County ATD Prevention Program by providing employees in the unlisted occupation with the same training, personal protective equipment, vaccinations and exposure reporting.

If any department determines an employee with an occupation published on this list does not have occupational exposure because that employee’s duties do not include occupational exposure, then the ATD Prevention Program does not apply to that employee.
1.0 POLICY
It is the policy of the County of Shasta to protect employees and visitors from occupational injuries and illnesses. The overall safety of staff, and visitors is the main focus of this program so as to not subject them to avoidable risks and/or accidental injury or illness. No employee will be required to perform any task that would be considered unsafe or unreasonably hazardous.

To accomplish this, multi-departmental cooperation is necessary. Risk group personnel will be provided with proper training, information and pre-assignment/annual TB infection screenings.

2.0 PURPOSE
The purpose of this program is to control occupational exposure to the TB bacteria. Exposure control will be carried out through:

A. the identification and subsequent referral of suspect TB disease source cases,
B. TB disease exposure incident reporting,
C. Tuberculin skin test screening for TB infection and TB infection evaluation,
D. radiological exams when appropriate, and
E. training.

This program will establish regulatory authority and responsibility of persons designated to implement and manage this program. It will assist in safeguarding the overall health and safety of the employees that may come in contact with infected individuals.

3.0 SCOPE
The scope of this exposure control program within the County focuses on risk group employees and students (i.e., some Social Services workers, Sheriff, Marshal, Fire personnel, Mental Health Workers, Public Health workers and Animal Control personnel).

4.0 DEFINITIONS
Infectious TB Disease Case - an individual who has been diagnosed with pulmonary or laryngeal TB disease by positive TB culture of a normally sterile body fluid or tissue, primarily of lung. A suspect TB Disease case may refer to an individual who has a positive acid-fast bacilli (AFB) sputum smear or other test positive for Mycobacteria species with compatible symptoms and signs pending laboratory confirmation. A confirmed infectious TB case refers to an individual who has a positive acid-fast bacilli (AFB) culture or any test result which is positive specifically for Mycobacterium tuberculosis bacilli, in the AFB smear or other test result which was obtained for the purpose of diagnosing or ruling out pulmonary or laryngeal TB, as confirmed by Shasta County Public Health or a qualified health care provider.

Contract Medical Provider – a physician or group of physicians contracted to provide occupational health services to the employer.

Exposure Incident - an event where an employee sustains substantial exposure to a confirmed infectious TB disease case, or to a suspect infectious TB disease case who is determined to have been an infectious TB case at the time of the incident, without the benefit of applicable exposure
control measures. In determining whether the event involves substantial exposure, the following factors shall be taken into account:

A. the infectivity of the exposure source,
B. the proximity of the employee to the exposure source,
C. the extent to which the employee was protected from exposure,
D. the length of the exposure event.

**High Risk Procedure** - any procedure performed on a person with TB disease which is reasonably likely to aerosolize body fluids contaminated with TB bacteria. Examples include but are not limited to:

- diagnostic procedures such as sputum induction,
- bronchoscopy,
- pulmonary function testing
- mouth to mouth resuscitative procedures performed by emergency personnel

*Autopsy involving infectious remains*

Personnel handling infectious lab specimens.

**Risk Personnel** – Some personnel employed in but not limited to the following departments: Public Health, Social Services, Mental Health, Probation Department, Sheriff, Marshal and Animal Control.

**Source Case** - either a suspected or confirmed infectious TB case.

**Suspect Infectious Disease TB Case** - any individual which exhibits the following symptoms: unexplained night sweats, unexplained weight loss, chronic coughing with bloody expectoration, chest pain, and fatigue. In addition, individuals with positive Tuberculin skin tests and suspicious chest X-rays shall be also considered suspect cases.

**SCPH** – Shasta County Public Health Department

### 5.0 RESPONSIBILITIES

#### 5.1 Risk Management

A. Develop and administer TB Exposure Control Program.
B. Identify risk groups, employees and identify high risk procedures.
C. Identify suspect TB Disease cases in cooperation with the contract medical provider, SCPH and Jail Medical Staff.
D. Provide consultation to affected departments concerning TB disease exposure minimization.
5.2 Contract Medical Provider

A. Administer TB screening tests for TB infection for risk group individuals prior to assignment and annually thereafter if negative. Administer screening test to employees exposed to source cases.
B. Provide chest X-ray to employees with positive Tuberculin skin test results to screen for TB disease.
C. Arrange referral of suspect TB disease cases to off-site locations capable of providing confirmative testing, adequate treatment and isolation in consultation with SCPH.

5.3 Affected Departments

A. Assist Risk Management in identifying potential source TB disease cases and report suspect and confirmed TB disease cases to SCPH.
B. Maintain documentation of employee exposure to potential source TB Disease cases.
C. Provide employees with training and education about TB - its effects, symptoms and the County’s program.
D. Maintain TB infection screening test results.
E. Refer new risk group employees to Personnel for TB infection screening prior to commencing employment.
F. Refer infectious TB disease-exposed employees to Risk Management with notification to the contract medical provider.
G. Notify appropriate employees within the department that may have been exposed to infectious TB disease and refer to Risk Management. Consultation with the contract medical provider and/or Public Health may be helpful in determining the extent of notification.
H. Designate trainers/respiratory protection coordinators to provide TB training, respirator fit testing, and respirator training when appropriate.

6.0 EXPOSURE CONTROL PLAN

6.1 Tuberculosis Case Determination and Surveillance

A. New Employees
Newly hired employees reporting to high risk or at risk departments as identified in Section 3.0, are required to undergo Tuberculin skin testing offered at the contract medical provider. Employees who have tested positive must submit to a chest X-ray to help determine the infection’s state of activity.

If the chest X-ray reveals active TB disease, the employee will be referred to their private physician for treatment. Consultation with SCPH is required in such cases. Appointment shall be suspended by the department until the employee is cleared for duty by the SCPH. Booster testing will be completed for new at risk employees 3 - 6 weeks following initial negative PPD test.

B. Current Employees
Employees placed in at risk groups will undergo Tuberculin testing annually. If PPD tests results are positive, the employee will complete a chest X-ray examination at the contract medical provider. If the subsequent X-ray examination yields positive results, the employee’s condition will be reported to the SCPH, they will be referred to their private medical provider for further evaluation and possible treatment, and will not be allowed to return to work until cleared by their physician and SCPH.
Preventative Medication, such as isoniazid (INH), shall be recommended to those employees with latent TB infection (positive skin test, negative CXR, and no signs or symptom combination suspicious for active TB disease). However, the choice of preventive medication must be at the discretion of the employee and their physician. Employees whose PPD test results are positive yet have negative chest X ray results, will no longer undergo annual PPD testing and X-ray examinations unless they become symptomatic. Non-symptomatic positive skin test employees who continue to work in environments where exposure to TB disease is reasonably likely will take an annual TB symptom questionnaire administered by the contract medical provider. Those with positive symptoms on the questionnaire will be evaluated further by the contract medical provider in consultation with SCPH.

C. Symptomatic Employees
Supervisory personnel employed with affected departments should be suspicious of employees exhibiting symptoms of infectious active TB disease. Symptoms of active pulmonary TB disease include chronic coughing for longer than one month, unexplained weight loss, blood in expectoration, fatigue, unexplained night sweats, chronic or intermittent low grade fever and/or chest pain.

Suspect infectious TB disease employees shall be referred to the contract medical provider or their private medical provider for Tuberculin testing, CXR, AFB sputum testing and if tested positive, subsequent referral to SCPH.

D. TB Disease Exposed Employees.

TB disease exposed employees shall undergo Tuberculin skin testing immediately. If test results are negative, the employee shall undergo follow-up testing in 6-8 weeks to allow sufficient time for immune response to occur [Employee's testing shall complete the routine outlined in Sections 8.1.A or B for positive employees.

<table>
<thead>
<tr>
<th>New Employee</th>
<th>Current Employee</th>
<th>Exposed Employee</th>
<th>Determination</th>
</tr>
</thead>
<tbody>
<tr>
<td>-PPD (1)</td>
<td>-PPD</td>
<td>-PPD (2)</td>
<td>No Exposure/ Free of TB infection</td>
</tr>
<tr>
<td>+PPD</td>
<td>+PPD</td>
<td>+PPD</td>
<td>Must complete X-ray examination</td>
</tr>
<tr>
<td>-X-ray</td>
<td>-X-ray</td>
<td>-X-ray</td>
<td>No longer completes annual PPD &amp; X-ray unless symptomatic</td>
</tr>
<tr>
<td>+X-ray</td>
<td>+X-ray</td>
<td>+X-ray</td>
<td>Refer to SCHD (probable case)</td>
</tr>
</tbody>
</table>

(1) Booster test required (2) Post exposure form must be completed

6.2 Communication and Exposure Reporting

A. Communication
Once an employee has been diagnosed as a confirmed TB disease case, Risk Management, in conjunction with the contract medical provider and Shasta County Public Health, will inform supervisors of the department of the confirmed case. It is the responsibility of the supervisors to identify and notify all employees who reasonably might have been exposed. Employees who have been in contact with individuals with infectious TB disease must complete a report of Employee Injury form (DWC1) and be offered TB testing unless their previous Tuberculin test results were positive.

B. Post Exposure Reporting
Employees exposed to an infectious TB disease individual will be referred to the contract provider and the department shall maintain record of the exposure and notify Risk Management of such exposures. Exposed employees may elect to complete the Tuberculin skin test to determine if infection has occurred. Risk Management will notify SCPH of employees exposed to infectious TB disease individuals.

C. Training
Tuberculosis awareness training shall be provided by Risk Management to all new employees. Training shall consist of the following subject matter:

- factors that place employees at risk
- modes of transmission and the differences between TB infection and disease
- symptoms and consequences of TB disease
- outline of County’s TB Exposure Control Plan
- Tuberculin testing and preventative therapy for latent TB infection
- medical treatment and the prevalence of drug resistant TB strains
- Personal Protective Equipment (PPE) use

6.3 Personal Protective Equipment (PPE)
Personnel shall utilize PPE including NIOSH approved respirators while in close contact with suspect infectious TB disease cases who are not taking an appropriate TB disease medication regimen. These employees will receive training on PPE use, storage methods, and maintenance.

7.0 Jail Protocol
TB disease suspect case identification, TB infection skin testing, and follow-up management and procedures for jail inmates and personnel are provided by the jail contract medical provider. All personnel whose job duties require them to enter the jail shall follow all procedures specified by the contract medical provider, including the contract medical provider’s directives regarding isolation of suspected or confirmed infectious TB disease cases, the use of personal protective equipment when appropriate and any need for medical evaluation or care. No employee shall enter a respiratory isolation room or occupy an enclosed vehicle containing a suspected or confirmed infectious TB disease case unless that employee is wearing a NIOSH-certified respirator.
Accredited laboratory. A laboratory that is licensed by the CDPH pursuant to Title 17 of the California Code of Regulations (CCR), or which has received a certification of competence based on participation in a quality assurance program administered by a governmental or private organization that tests and certifies laboratories.

Aerosol transmissible disease (ATD) or aerosol transmissible pathogen (ATP). A disease or pathogen for which droplet or airborne precautions are required, as listed in Appendix A.

Aerosol transmissible pathogen - laboratory (ATP-L). A pathogen that meets one of the following criteria: (1) the pathogen appears on the list in Appendix D, (2) the Biosafety in Microbiological and Biomedical Laboratories (BMBL) recommends biosafety level 3 or above for the pathogen, (3) the biological safety officer recommends biosafety level 3 or above for the pathogen, or (4) the pathogen is a novel or unknown pathogen.

Airborne infection isolation (AII). Infection control procedures as described in Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings. These procedures are designed to reduce the risk of transmission of airborne infectious pathogens, and apply to patients known or suspected to be infected with epidemiologically important pathogens that can be transmitted by the airborne route.

Airborne infection isolation room or area (AIIR). A room, area, booth, tent, or other enclosure that is maintained at negative pressure to adjacent areas in order to control the spread of aerosolized M. tuberculosis and other airborne infectious pathogens and that meets the requirements stated in subsection (e)(5)(D) of this standard.

Airborne infectious disease (AirID). Either: (1) an aerosol transmissible disease transmitted through dissemination of airborne droplet nuclei, small particle aerosols, or dust particles containing the disease agent for which AII is recommended by the CDC or CDPH, as listed in Appendix A, or (2) the disease process caused by a novel or unknown pathogen for which there is no evidence to rule out with reasonable certainty the possibility that the pathogen is transmissible through dissemination of airborne droplet nuclei, small particle aerosols, or dust particles containing the novel or unknown pathogen.

Airborne infectious pathogen (AirIP). Either: (1) an aerosol transmissible pathogen transmitted through dissemination of airborne droplet nuclei, small particle aerosols, or dust particles containing the infectious agent, and for which the CDC or CDPH recommends AII, as listed in Appendix A, or (2) a novel or unknown pathogen for which there is no evidence to rule out with reasonable certainty the possibility that it is transmissible through dissemination of airborne droplet nuclei, small particle aerosols, or dust particles containing the novel or unknown pathogen.

Biological safety officer(s). A person who is qualified by training and/or experience to evaluate hazards associated with laboratory procedures involving ATPs-L, who is knowledgeable about the facility biosafety plan, and who is authorized by the employer to establish and implement effective control measures for laboratory biological hazards.

Biosafety level 3. Compliance with the criteria for laboratory practices, safety equipment, and facility design and construction recommended by the CDC in Biosafety in Microbiological and Biomedical Laboratories for laboratories in which work is done with indigenous or exotic agents with a potential for aerosol transmission and which may cause
serious or potentially lethal infection.

**Biosafety in Microbiological and Biomedical Laboratories (BMBL).** Biosafety in Microbiological and Biomedical Laboratories, Fifth Edition, CDC and National Institutes for Health, 2007, which is hereby incorporated by reference for the purpose of establishing biosafety requirements in laboratories.

**CDC.** United States Centers for Disease Control and Prevention.

**CDPH.** California Department of Public Health and its predecessor, the California Department of Health Services (CDHS).

**Case.** Either of the following:
(1) A person who has been diagnosed by a health care provider who is lawfully authorized to diagnose, using clinical judgment or laboratory evidence, to have a particular disease or condition.
(2) A person who is considered a case of a disease or condition that satisfies the most recent communicable disease surveillance case definitions established by the CDC and published in the Morbidity and Mortality Weekly Report (MMWR) or its supplements.

**Chief.** The Chief of the Division of Occupational Safety and Health of the Department of Industrial Relations, or his or her designated representative.

**CTCA.** The California Tuberculosis Controllers Association.

**Droplet precautions.** Infection control procedures as described in Guideline for Isolation Precautions designed to reduce the risk of transmission of infectious agents through contact of the conjunctivae or the mucous membranes of the nose or mouth of a susceptible person with large-particle droplets (larger than 5mm in size) containing microorganisms generated from a person who has a clinical disease or who is a carrier of the microorganism.

**Drug treatment program.** A program that is (A) licensed pursuant to Chapter 7.5 (commencing with Section 11834.01), Part 2, Division 10.5 of the Health and Safety Code; or Chapter 1 (commencing with Section 11876), Part 3, Article 3, Division 10.5 of the Health and Safety Code; or (B) certified as a substance abuse clinic or satellite clinic pursuant to Section 51200, Title 22, CCR, and which has submitted claims for Medi-Cal reimbursement pursuant to Section 51490.1, Title 22, CCR, within the last two calendar years or (C) certified pursuant to Section 11831.5 of the Health and Safety Code.

**Emergency medical services.** Medical care provided pursuant to Title 22, Division 9, by employees who are certified EMT-1, certified EMT-II, or licensed paramedic personnel to the sick and injured at the scene of an emergency, during transport, or during interfacility transfer.

**Epidemiology and Prevention of Vaccine-Preventable Diseases.** Epidemiology and Prevention of Vaccine-Preventable Diseases. Centers for Disease Control and Prevention, Atkinson W, Hamborsky J, McIntyre L, Wolfe S, eds. 10th ed. 2nd printing, including chapters from the 9th edition on Anthrax and Smallpox, Washington DC: Public Health Foundation, 2008, which is hereby incorporated by reference.

**Exposure incident.** An event in which all of the following have occurred: (1) An employee has been exposed to an individual who is a case or suspected case of a reportable ATD, or to a work area or to equipment that is reasonably expected to contain ATPs associated with a reportable ATD; and (2) The exposure occurred without the benefit of applicable exposure
controls required by this section, and (3) It reasonably appears from the circumstances of the exposure that transmission of disease is sufficiently likely to require medical evaluation.

**Exposure incident (Laboratory).** A significant exposure to an aerosol containing an ATP-L, without the benefit of applicable exposure control measures required by this section.

**Field operation.** An operation conducted by employees that is outside of the employer’s fixed establishment, such as paramedic and emergency medical services or transport, law enforcement, home health care, and public health.

**Guideline for Isolation Precautions.** The Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings, June 2007, CDC, which is hereby incorporated by reference for the sole purpose of establishing requirements for droplet and contact precautions.

**Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings.** The Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings, December 2005, CDC, which is hereby incorporated by reference for the sole purpose of establishing requirements for airborne infection isolation.

**Health care provider.** A physician and surgeon, a podiatrist, a nurse practitioner, a physician assistant, a registered nurse, a nurse midwife, a school nurse, an infection control practitioner, a medical examiner, a coroner, or a dentist.

**Health care worker.** A person who works in a health care facility, service or operation, or who has occupational exposure in a public health service described in subsection (a)(1)(D).

**High hazard procedures.** Procedures performed on a person who is a case or suspected case of an aerosol transmissible disease or on a specimen suspected of containing an ATP-L, in which the potential for being exposed to aerosol transmissible pathogens is increased due to the reasonably anticipated generation of aerosolized pathogens. Such procedures include, but are not limited to, sputum induction, bronchoscopy, aerosolized administration of pentamidine or other medications, and pulmonary function testing. High Hazard Procedures also include, but are not limited to, autopsy, clinical, surgical and laboratory procedures that may aerosolize pathogens.

**Individually identifiable medical information.** Medical information that includes or contains any element of personal identifying information sufficient to allow identification of the individual, such as the patient’s name, address, electronic mail address, telephone number, or social security number, or other information that, alone or in combination with other publicly available information, reveals the individual’s identity.

**Infection control PLHCP.** A PLHCP who is knowledgeable about infection control practices, including routes of transmission, isolation precautions and the investigation of exposure incidents.

**Initial treatment.** Treatment provided at the time of the first contact a health care provider has with a person who is potentially an AirID case or suspected case. Initial treatment does not include high hazard procedures.

**Laboratory.** A facility or operation in a facility where the manipulation of specimens or microorganisms is performed for the purpose of diagnosing disease or identifying disease agents, conducting research or experimentation on microorganisms, replicating
microorganisms for distribution or related support activities for these processes.

**Latent TB infection (LTBI).** Infection with *M. tuberculosis* in which bacteria are present in the body, but are inactive. Persons who have LTBI but who do not have TB disease are asymptomatic, do not feel sick and cannot spread TB to other persons. They typically react positively to TB tests.

**Local health officer.** The health officer for the local jurisdiction responsible for receiving and/or sending reports of communicable diseases, as defined in Title 17, CCR.

**M. tuberculosis.** *Mycobacterium tuberculosis* complex, which includes *M. tuberculosis, M. bovis, M. africanum,* and *M. microti.* *M. tuberculosis* is the scientific name of the group of bacteria that cause tuberculosis.

**Medical specialty practice.** A medical practice other than primary care, general practice, or family medicine.

**Negative pressure.** A relative air pressure difference between two areas. The pressure in a containment room or area that is under negative pressure is lower than adjacent areas, which keeps air from flowing out of the containment facility and into adjacent rooms or areas.

**NIOSH.** The Director of the National Institute for Occupational Safety and Health, CDC, or his or her designated representative.

**Non-medical transport.** The transportation by employees other than health care providers or emergency medical personnel during which no medical services are reasonably anticipated to be provided.

**Novel or unknown ATP.** A pathogen capable of causing serious human disease meeting the following criteria:
1. There is credible evidence that the pathogen is transmissible to humans by aerosols; and
2. The disease agent is:
   a. A newly recognized pathogen, or
   b. A newly recognized variant of a known pathogen and there is reason to believe that the variant differs significantly from the known pathogen in virulence or transmissibility, or
   c. A recognized pathogen that has been recently introduced into the human population, or
   d. A not yet identified pathogen.

NOTE: Variants of the human influenza virus that typically occur from season to season are not considered novel or unknown ATPs if they do not differ significantly in virulence or transmissibility from existing seasonal variants. Pandemic influenza strains that have not been fully characterized are novel pathogens.

**Occupational exposure.** Exposure from work activity or working conditions that is reasonably anticipated to create an elevated risk of contracting any disease caused by ATPs or ATPs-L if protective measures are not in place. In this context, "elevated" means higher than what is considered ordinary for employees having direct contact with the general public outside of the facilities, service categories and operations listed in subsection (a)(1) of this standard. Occupational exposure is presumed to exist to some extent in each of the facilities, services and operations listed in subsection (a)(1)(A) through (a)(1)(l). Whether a particular employee has occupational exposure depends on the tasks, activities, and environment of the employee, and therefore, some employees of a covered employer may have no occupational exposure. For example, occupational exposure typically does not exist
where a hospital employee works only in an office environment separated from patient care facilities, or works only in other areas separate from those where the risk of ATD transmission, whether from patients or contaminated items, would be elevated without protective measures. It is the task of employers covered by this standard to identify those employees who have occupational exposure so that appropriate protective measures can be implemented to protect them as required. Employee activities that involve having contact with, or being within exposure range of cases or suspected cases of ATD, are always considered to cause occupational exposure. Similarly, employee activities that involve contact with, or routinely being within exposure range of, populations served by facilities identified in subsection (a)(1)(E) are considered to cause occupational exposure. Employees working in laboratory areas in which ATPs-L are handled or reasonably anticipated to be present are also considered to have occupational exposure.

**Physician or other licensed health care professional (PLHCP)** means an individual whose legally permitted scope or practice (i.e., license, registration, or certification) allows him or her to independently provide, or be delegated the responsibility to provide, some or all of the health care services required by this section.

**Public health guidelines.** (1) In regards to tuberculosis, applicable guidelines published by the CTCA and/or CDPH as follows, which are hereby incorporated by reference:

(A) Guidelines for Tuberculosis (TB) Screening and Treatment of Patients with Chronic Kidney Disease (CKD), Patients Receiving Hemodialysis (HD), Patients Receiving Peritoneal Dialysis (PD), Patients Undergoing Renal Transplantation and Employees of Dialysis Facilities, May 18, 2007.

(B) Guidelines for the Treatment of Active Tuberculosis Disease, April 15, 2003 including related material: Summary of Differences Between 2003 California and National Tuberculosis Treatment Guidelines, 2004, Amendment to Joint CDHS/CTCA Guidelines for the Treatment of Active Tuberculosis Disease, May 12, 2006, Appendix 3 - Algorithm for MDR-TB Cases and Hospital Discharge, May 12, 2006.

(C) Targeted Testing and Treatment of Latent Tuberculosis Infection in Adults and Children, May 12, 2006.


(E) Guidelines for Mycobacteriology Services in California, April 11, 1997.

(F) Guidelines for the Placement or Return of Tuberculosis Patients into High Risk Housing, Work, Correctional, or In-Patient Settings, April 11, 1997.

(G) Contact Investigation Guidelines, November 12, 1998.


(J) Guidelines for Reporting Tuberculosis Suspects and Cases in California, October 1997.

(K) CTCA recommendations for serial TB testing of Health Care Workers (CA Licensing and Certification), September 23, 2008.

(2) In regards to vaccine-preventable diseases, the publication cited in the definition of Epidemiology and Prevention of Vaccine-Preventable Diseases.

(3) In regards to any disease or condition not addressed by the above guidelines, recommendations made by the CDPH or the local health officer pursuant to authority granted under the Health and Safety Code and/or Title 17, California Code of Regulations.

**Referral.** The directing or transferring of a possible ATD case to another facility, service or operation for the purposes of transport, diagnosis, treatment, isolation, housing or care.
Referring employer. Any employer that operates a facility, service, or operation in which there is occupational exposure and which refers AirID cases and suspected cases to other facilities. Referring facilities, services and operations do not provide diagnosis, treatment, transport, housing, isolation or management to persons requiring AirID. General acute care hospitals are not referring employers. Law enforcement, corrections, public health, and other operations that provide only non-medical transport for referred cases are considered referring employers if they do not provide diagnosis, treatment, housing, isolation or management of referred cases.

Reportable aerosol transmissible disease (RATD). A disease or condition which a health care provider is required to report to the local health officer, in accordance with Title 17 CCR, Division 1, Chapter 4, and which meets the definition of an aerosol transmissible disease (ATD).

Respirator. A device which has met the requirements of 42 CFR Part 84, has been designed to protect the wearer from inhalation of harmful atmospheres, and has been approved by NIOSH for the purpose for which it is used.

Respirator user. An employee who in the scope of their current job may be assigned to tasks which may require the use of a respirator, in accordance with subsection (g).

Respiratory Hygiene/Cough Etiquette in Health Care Settings. Respiratory Hygiene/Cough Etiquette in Health Care Settings, CDC, November 4, 2004, which is hereby incorporated by reference for the sole purpose of establishing requirements for source control procedures.

Screening (health care provider). The initial assessment of persons who are potentially AirID or ATD cases by a health care provider in order to determine whether they need airborne infection isolation or need to be referred for further medical evaluation or treatment to make that determination. Screening does not include high hazard procedures.

Screening (non health care provider). The identification of potential ATD cases through readily observable signs and the self-report of patients or clients. Screening does not include high hazard procedures.

Significant exposure. An exposure to a source of ATPs or ATPs-L in which the circumstances of the exposure make the transmission of a disease sufficiently likely that the employee requires further evaluation by a PLHCP.

Source control measures. The use of procedures, engineering controls, and other devices or materials to minimize the spread of airborne particles and droplets from an individual who has or exhibits signs or symptoms of having an ATD, such as persistent coughing.

Surge. A rapid expansion beyond normal services to meet the increased demand for qualified personnel, medical care, equipment, and public health services in the event of an epidemic, public health emergency, or disaster.

Susceptible person. A person who is at risk of acquiring an infection due to a lack of immunity as determined by a PLHCP in accordance with applicable public health guidelines.

Suspected case. Either of the following:
(1) A person whom a health care provider believes, after weighing signs, symptoms, and/or laboratory evidence, to probably have a particular disease or condition listed in Appendix A.
(2) A person who is considered a probable case, or an epidemiologically-linked case, or who has supportive laboratory findings under the most recent communicable disease surveillance case
definition established by CDC and published in the Morbidity and Mortality Weekly Report (MMWR) or its supplements as applied to a particular disease or condition listed in Appendix A.

**TB conversion.** A change from negative to positive as indicated by TB test results, based upon current CDC or CDPH guidelines for interpretation of the TB test.

**Test for tuberculosis infection (TB test).** Any test, including the tuberculin skin test and blood assays for M. Tuberculosis(BAMT) such as interferon gamma release assays (IGRAs) which: (1) has been approved by the Food and Drug Administration for the purposes of detecting tuberculosis infection, and (2) is recommended by the CDC for testing for TB infection in the environment in which it is used, and (3) is administered, performed, analyzed and evaluated in accordance with those approvals and guidelines. NOTE: Where surveillance for LTBI is required by Title 22, CCR, the TB test must be approved for this use by the CDPH.

**Tuberculosis (TB).** A disease caused by M. tuberculosis.

**UVGI.** Ultraviolet germicidal irradiation.