



# High Desert Health System POLICY AND PROCEDURE

POLICY NUMBER: 986  
VERSION: 1

## **SUBJECT: AEROSOL TRANSMISSIBLE DISEASE (ATD) EXPOSURE CONTROL PLAN (ECP)**

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**PURPOSE:** The Aerosol Transmissible Disease (ATD) Exposure Control Plan goal is to reduce occupational exposure to ATDs as outlined in this plan.

**POLICY:** Based on Title 8 California Code of Regulations (T8CCR) Section 5199, High Desert Health System (HDHS) is required to have an Aerosol Transmissible Disease Exposure Control Plan (ATD ECP). HDHS employees are included in the scope of this standard. HDHS departments and employees are to comply with the elements of this ATD ECP. The elements in this ATD ECP are also based on the guidelines from the Centers for Disease Control and Prevention (CDC).

The ATD ECP includes the following elements:

### Definitions

- I. Designation of an Administrator/Alternate
- II. Establishment of Administrative procedures
- III. Job classifications with occupational exposure
- IV. High Hazard procedures
- V. Work practice controls for each operation/work area with occupational exposure including source control measures
- VI. Engineering controls for each operation/work area with occupational exposure including airborne infection isolation rooms (AIIRs)
- VII. Respiratory Protection including assignments/tasks that require the use of respirators
- VIII. Other personal protective equipment (PPE)
- IX. Transfer procedures and interim employee protection during transfer
- X. Employee medical services including latent tuberculosis (TB) screening programs, vaccinations, and exposure incident follow-up
- XI. Staff communication procedures

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- XII. Employee training
- XIII. Communication with Public Health Agencies
- XIV. Procedures for a Surge in Operations
- XV. Recordkeeping
- XVI. Notification of non-facility employees and agencies
- XVII. Description of Operation

These elements are described in subsequent sections. Other related plans or policies referenced in this ATD ECP include:

Respiratory Protection Program, TB Exposure Control Plan, Employee Health Policies for Pre-Placement Screening and Annual Screening, Employee Health TB Surveillance, Hazard Communication, Isolation Precautions, Communicable Disease Reporting, Outbreak Reporting, Hand Hygiene, Disinfection and Sterilization.

#### **DEFINITIONS:**

**Aerosol Transmissible Disease (ATD) or Aerosol Transmissible Pathogen (ATP)** A disease that is transmitted by Aerosols, which requires either Droplet or Airborne Isolation.

**Airborne Infection Isolation (AII)** Infection Control procedures as described in Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Health 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 (AIIR)** A room, area, booth or other enclosure that is maintained at a negative pressure to adjacent areas with exhaust to the outside air in order to control the spread of aerosolized M. tuberculosis and other airborne infectious diseases.

**Airborne Infectious Disease (AirID)** An aerosol transmissible disease transmitted through dissemination of airborne droplet nuclei containing the disease agent for which Airborne Infection Isolation (ALL) is recommended by the CDC.

**High Hazard Procedure** A Procedure performed on a person who is a case or suspected case of an Airborne Infectious Disease. Procedures include sputum induction, aerosol administration of medications, and pulmonary function testing.

**Powered Air Purifying Respirator (PAPR).** A respirator with a high efficiency particulate air (HEPA) filter which is used by employees who perform or are in the room when performing high hazard procedures on AirID cases or suspects.

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**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)

## **PROCEDURE**

### **I. Designation of an Administrator/Alternate**

The Infection Prevention & Control/Employee Health (IPC/EH) Committee has been designated as the Administrator of this program and is responsible for the establishment, implementation and maintenance of this ATD ECP. The Administrator has the authority to perform this function and is knowledgeable in infection prevention and control principles as they apply specifically to this operation.

When the IPC/EH Committee Chairpersons are unavailable, the Infection Prevention Nurse and/or Employee Health Nurse have been designated to act on their behalf.

### **II. ATD ECP Administrative Requirements**

#### **Approval**

These procedures have been written and approved by the HDHS IPC/EH Committee and then approved by the PSA Committee. Input from other HDHS Committees and Departments may also be received in preparation of the ATD ECP

#### **Availability**

The ATD ECP is to be made available by each department to its employees as either an electronic copy or in a manual.

#### **Review**

This plan is reviewed at least annually by the IPC/EH Committee. If any part of this plan is found to be ineffective or deficient, the plan will be revised. The ATD Plan will list the review dates for the ATD ECP.

Employees are encouraged to be actively involved in reviewing and updating this ATD ECP with respect to the procedures performed in their respective work areas. This can be accomplished by discussions in staff meetings, establishing a special work group as needed or referral of recommendations from departments or committees to the IPC/EH Committee.

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### III. Job Classifications with Occupational Exposure

The HDHS operation is described in Attachment B. Based on a review of these operations, the following job positions/tasks have been determined to have occupational exposure to ATDs.

*Note: occupational exposure is defined as exposure from work activity or working conditions that is reasonably anticipated to create an elevated risk of contracting any disease caused by aerosol transmissible pathogens if protective measures are not in place. 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.*

Physicians/Providers

Nurses

Laboratory Staff

Radiology Staff

Respiratory Therapy Staff

Rehabilitation Therapy Staff

Electrodiagnostics Staff

Pharmacy Staff

Dieticians

Support staff who meet with patients or who work in patient areas

Facilities

Information Systems

Health Information Management Staff

Communications

Volunteers

Food Service Staff

Environmental Services

Patient Financial Services Staff

Transportation Services Staff

Sheriff Staff

Security Staff

Clerical Staff in patient care areas or who see patients in their work setting

Administration

Finance Staff

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#### **IV. High Hazard Procedures**

High Hazard Procedures are not performed at HDHS on patients who are identified with or suspected of having a communicable ATD requiring Airborne or Droplet Isolation.

*Note: A high hazard procedure is defined as 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 Aerosol Transmissible Pathogen-laboratory (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, aerosolized administration of medications, and pulmonary function testing. High Hazard Procedures also include, but are not limited to, clinical, surgical and laboratory procedures that may aerosolize pathogens.*

#### **V. Work Practice Controls for Each Operation / Work Area with Occupational Exposure Including Source Control**

The HDHS operation uses all feasible work practice controls to prevent or minimize employee exposure to airborne, droplet, and contact transmission. The following documents “Guideline for Isolation Precaution” (<http://www.cdc.gov/hicpac/pdf/isolation/Isolation2007.pdf>) and “Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Health Care Settings” (<http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf>) will be followed. If these work practice controls do not provide sufficient protection, engineering controls and personal protective equipment (PPE) including respiratory protection is used – see Sections VI, VII and VIII.

Additional guidelines provided currently or in the future by the Centers for Disease Control and Prevention (CDC), California Department of Public Health (CDPH), and the Los Angeles County Department of Public Health (LAC DPH) will also be followed.

Work practices are implemented to prevent or minimize employee exposure.

##### **A. Source Control**

The source control procedures follow the recommendations contained in the CDC document, *Respiratory Hygiene/Cough Etiquette in Health Care Settings Centers for Disease Control* (<http://www.cdc.gov/flu/professionals/infectionControl/resphygiene.htm>).

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These include:

### 1. Visual Alerts

Visual alerts instruct patients and persons who accompany them (e.g., family, friends) to inform healthcare personnel of symptoms of a respiratory infection when they first register for care and to practice Respiratory Hygiene/Cough Etiquette. The following visual alerts (in appropriate languages) have been posted at the following locations: Entrances to clinics and ancillary departments, waiting areas, offices and exam rooms as appropriate.

- *Notice to Patients to Report Flu Symptoms* (Emphasizes covering coughs and sneezes and hand hygiene) (<http://www.cdc.gov/ncidod/dhqp/pdf/Infdis/RespiratoryPoster.pdf>)
- *Cover Your Cough* (Tips to prevent the spread of germs from coughing) ([www.cdc.gov/flu/protect/covercough.htm](http://www.cdc.gov/flu/protect/covercough.htm))
- *Information about Personal Protective Equipment* (Demonstrates the sequences for donning and removing personal protective equipment) ([www.cdc.gov/ncidod/dhqp/ppe.html](http://www.cdc.gov/ncidod/dhqp/ppe.html))

### 2. Respiratory Hygiene/Cough Etiquette

At the first point of contact with a potentially infected person, the following measures to contain respiratory secretions are recommended for all individuals with signs and symptoms of a respiratory infection.

- Cover the nose/mouth when coughing or sneezing;
- Use tissues to contain respiratory secretions and dispose of them in the nearest waste receptacle after use;
- Perform hand hygiene (e.g., hand washing with soap and water, alcohol-based hand rub, or antiseptic hand wash) after having contact with respiratory secretions and contaminated objects/materials.

In addition the following materials are available in waiting areas for patients and visitors.

- Tissues, masks and alcohol-based hand rub and receptacles for used tissue disposal are provided in entrance and strategic locations to clinics and ancillary services.
- Where sinks are available, supplies for hand washing (i.e., soap, disposable towels) are consistently available in the public rest rooms and exam and treatment rooms.

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- Hand sanitizer is provided to patients and employees.

### 3. Masking and Separation of Persons with Respiratory Symptoms

During periods of increased respiratory infection activity in the community, procedure masks or surgical masks are offered to persons who are coughing.

If logistically possible, coughing persons can be encouraged to sit at least three feet away from others in common waiting areas.

Patients who are ATD cases or suspect cases are, per the discretion of the health care worker:

- Offered and encouraged to wear surgical masks  
or
- Are required to wear surgical masks

## B. Airborne, Droplet, and Standard Transmission Procedures

The HDHS employee work practices are in accordance with the HDHS Isolation Precautions Policy and Guidelines for Isolation Precautions (<http://www.cdc.gov/hicpac/pdf/isolation/Isolation2007.pdf>), and Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Health-Care Settings (<http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf>).

## C. Standard Precautions

Standard Precautions are used for all patients. Standard Precautions include good Hand Hygiene: use of Personal Protective Equipment (PPE), such as gloves, gowns, masks and face shields/eye protection when there is the risk of blood and body fluid exposures.

## D. Airborne Isolation

In addition to **Standard Precautions**, use **Airborne Precautions**, for patients known or suspected to be infected with microorganisms transmitted by airborne droplet nuclei.

Wear a N95 respirator upon entry into the patient room.

**Pathogens and illnesses requiring Airborne Isolation:**

Chickenpox (Varicella Zoster)

Herpes Zoster in immunocompromised patients and in patients with disseminated zoster

Novel or unknown pathogens

Novel Influenza

Avian influenza; Avian influenza A virus

Measles

Monkeypox

Smallpox

SARS

Tuberculosis

**E. Droplet Isolation**

In addition to **Standard Precautions**, use **Droplet Precautions**, for patients known or suspected to be infected with microorganisms transmitted by droplets. Wear a surgical mask upon entry into the patient room.

**Pathogens and illnesses requiring Droplet Precautions:**

Diphtheria Pharyngeal

Epiglottitis (*Haemophilus influenzae* type B)

Group A streptococcus (*Streptococcus pyogenes*)

Meningococcal disease

Meningitis (*Haemophilus influenzae* type B)

Influenza

Mumps

Mycoplasma pneumonia

Fifth disease/erythema infectiosum (parvovirus B19)

Pertussis /Whooping cough

Pharyngitis in infants and young children (Adenovirus, Group A streptococcus, *H.*

*influenzae* type B, orthomyxoviruses, herpes simplex virus, Epstein-Barr virus )

Pneumonia

Adenovirus



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Chlamydia pneumoniae

Mycoplasma pneumoniae

Streptococcus Group A

Pneumonic plague

Rubella

Scarlet fever

Viral hemorrhagic fevers (Ebola, Lassa, Marburg, Crimean-Congo, Hanta viruses)

Any other diseases that the Centers for Disease Control and Prevention (CDC) or the California Department of Public Health recommends for droplet precautions.

#### **F. Hand Hygiene:**

Employees are instructed to perform hand hygiene when indicated. To support this effort, Hand Hygiene signs are placed at hand washing sinks in work areas and rest rooms.

[http://www.cdc.gov/handhygiene/PDF/CDC\\_HandHygienePoster.pdf](http://www.cdc.gov/handhygiene/PDF/CDC_HandHygienePoster.pdf)

Please refer to the HDHS Hand Hygiene Policy.

#### **G. Gloving**

Disposable gloves are available to employees in the appropriate materials and sizes.

Employees have been instructed to use gloves for activities in which blood/body fluids or other contaminated substances or surfaces may be encountered.

#### **H. Cleaning / Disinfection / Decontamination of Surfaces**

Work areas, vehicles, and equipment that have been contaminated with aerosol transmissible pathogens and pose an infection risk to employees are to be cleaned and decontaminated. All disinfectants used are to be EPA registered for efficacy in a healthcare setting. Employees will be instructed on proper cleaning/disinfection techniques to include:

- Follow label instructions (use the product for the application that is described)

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- Pay special attention to:
  - The need for cleaning surfaces prior to disinfection
  - Product's dilution rate (if applicable)
  - Amount to use
  - Contact time
  - Expiration date of solution

Staff will be instructed on safety precautions when using the products and will be provided access to the Safety Data Sheets (SDS) according to the Hazard Communication Program.

Each department is to address cleaning and disinfection of equipment used in their department.

#### **I. Laundry**

HDHS laundry procedures are as follows

Soiled Laundry is collected into soiled linen containers lined with a blue plastic bag which are then closed and transported by support staff (Environmental Services, Transportation, Warehouse) to a collection point at the HDHS main campus for transport to commercial laundry. Clean laundry is transported by commercial laundry in closed plastic containers back to HDHS Linen Department where it is sorted and again placed in closed plastic containers for transport by Linen, Warehouse or Transportation staff, to the various departments and clinics.

#### **J. Additional Work Practices**

Work practices specific for each Department are outlined in departmental policies. HDHS Infection Prevention Work Practices include:

- Respiratory Hygiene Precautions
- Isolation Precautions
  1. Standard Precautions
  2. Contact Precautions
  3. Droplet Precautions
  4. Airborne Precautions

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## VI. Engineering Controls for Each Operation/Work Area with Occupational Exposure

**Engineering controls** are specific to each department. The off-site Ambulatory Care Clinics and Ancillary Departments do not have AIIRs. The main MACC Facility has 6 negative pressure rooms for use in Airborne Isolation (Locations are in Urgent Care (3), Pediatrics (1) and Specialty Clinics (1) and Adult Primary Care (1) Clinics). In the absence of a negative pressure room for Airborne Isolation the Work Practices address the need for patients (in addition to Respiratory Hygiene and Isolation Precautions used) to be placed in a private room and room door is to remain closed (after patient leaves) for the designated amount of time calculated by Facilities for Air Exchanges (ACH) rates, or at least **one hour or two hours if a measles case is known or suspected.**

### **Alternate rooms/areas used for isolation of novel or unknown ATPs:**

Rooms with the most frequent ACH rates and or closest proximity to the exit with the least amount of traffic will be designated.

### **Sputum Specimen Collection:**

Patients are instructed to collect Sputum at home and bring specimens to the laboratory.

### **Local exhaust ventilation used to control exposure to ATDs:**

The HDHS MACC Main building has ventilation exhausted to the outside in the designated negative pressure rooms. Other rooms and other HDHS buildings do not have this feature.

Air disinfection systems (ultraviolet germicidal irradiation systems, portable HEPA filtered units): NONE

Other ventilation designed to reduce exposure to ATDs: None

## VII. Respiratory Protection

See the HDHS Respiratory Protection Program Policies in addition to the information outlined below.

### A. Selection and Use

The use of respiratory protection is in accordance with the HDHS written Respiratory Protection Program. The Safety Officer is the Respiratory Protection Administrator and is responsible for all aspects of respiratory protection in coordination with the Employee Health Service and Infection Prevention Office.

All respirators used will be National Institute for Occupational Safety and Health (NIOSH) approved.

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**Respirators** will be worn for the tasks listed below. A disposable filtering facepiece (at least as effective as an N95) will be used for most tasks except as noted in parenthesis.

- Entering an exam or treatment room or area occupied by a patient requiring Airborne Isolation Precautions for a suspect or confirmed airborne ATD.
- Repairing, replacing, or maintaining air systems or equipment that may contain or generate aerosolized pathogens
- During the decontamination of an area that was occupied by a case or suspect case
- Transporting a case or suspected case in an enclosed vehicle when patient is not masked.
- Performing a task for which this ATD ECP requires a respirator.

#### **B. Medical Evaluation**

Prior to use or fit testing, employees requiring the use of respirators will be medically evaluated. The Employee Health Service will coordinate this requirement with the Department of Human Resources and ensure that it is done.

At a minimum, the following questionnaire will be completed:

- Cal-OSHA recommended respirator questionnaire (as indicated in Respirator Standard 1910)

#### **C. Fit Testing**

Employees assigned to use a filtering facepiece will pass a fit test

- Initially
- Annually
- Whenever a different, size, make, model, or style is used
- Employee reports or employer observes changes in a physical condition that could affect respirator fit
- Employee determines that fit is unacceptable

The Employee Health Service is responsible for ensuring that all employees receive and pass a fit test as discussed above. Fit testing will be performed by the EHS Staff and may be assisted by other trained staff:

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#### **D. Training**

Initial and annual training will be provided to all employees assigned to wear a respirator.

Training will be provided by:

- Initial and annual training will be provided by Employee Health Service
- Annual Training may also be provided as needed and annually.

#### **E. Records**

Records of medical evaluations (4 years), fit testing (annually), and training (annually) will be kept in accordance with Section XIV in the Employee Health Medical Files.

### **VIII. Other PPE**

Other PPE will be provided and worn as necessary for protection from ATD per the Isolation Precaution and Respiratory Hygiene Protocols. This may include; face, eye, hand and body protection.

Employees will be trained on the following topics:

- When PPE is necessary
- What PPE is necessary and which PPE has been selected for each process the employee operates
- How to properly put on, take off, adjust and wear PPE
- The limitations of the PPE
- How to determine if PPE is no longer effective or is damaged
- How to get replacement PPE
- How to properly care for, maintain, store, and dispose of PPE

### **IX. Transfer Procedures and Interim Employee Protection During Transfer**

While awaiting transfer, cases and suspected cases are:

- Provided with disposable tissues, hand hygiene materials, and masked until transfer or placement in a negative pressure room with exhaust to the outside or area at another facility is possible.
- Transferred to other facilities with an appropriate level of care within 5 hours of identification *unless certain conditions are met*. These conditions include, within the working day,
  - The employer has contacted the Health officer

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- There is no AIIR or area available in the clinic or area
- Efforts to locate an AIIR or area outside of our jurisdiction have been unsuccessful
- All measures recommended by the Health Officer have been implemented
- All employees who enter the room or area are provided with PPE including respiratory protection.

Records of the unavailability of an AIIR or area include the:

- Name of the person who determined that the room or area was not available
- Name and affiliation of the person(s) contacted for transfer possibilities
- Date of the contact

Patients may be sent home if an appropriate or no other appropriate area has been located.

## **X. Employee Medical Services**

- A. Latent tuberculosis (TB) infection surveillance program. Employees with occupational exposure are part of our ongoing latent tuberculosis infection surveillance program. TB tests and other forms of TB assessment are provided at least annually and our procedures for TB conversions follow the public health guidelines. Our ongoing program is outlined in the TB Exposure Control Plan.
- B. Vaccinations for the diseases noted in Appendix E of the standard (influenza, measles, rubella, tetanus / diphtheria/ Acclular Pertussis, and Varicella-Zoster) are made available to all susceptible healthcare workers with occupational exposure as recommended by the California Department of Public Health. In addition, **all** employees with occupational exposure are offered vaccinations against seasonal influenza during the designated period. In general, vaccinations are made available within 10 days of the initial work assignment unless specific conditions apply. An employee who declines these vaccinations must sign a declination form (see Attachment C). In certain work settings in DHS facilities some vaccines are mandatory as a condition of employment. If an employee later desires a vaccination, the Employee Health Service will arrange for the vaccination within 10 days of an employee's written request.

All vaccinations will be arranged by the Employee Health Service in coordination with the Department of Human Resources (DHR). Contract employees and students are to receive vaccinations per the requirements of their contract and in compliance with the DHS Employee Health Policies.

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In addition to the vaccinations listed above, **all** employees (including contract, students and volunteers) with occupational exposure are offered vaccinations against seasonal influenza during the designated period.

- C. All reportable aerosol transmissible diseases (RATDs) are reported to the local health officer in accordance with Title 17 California Code of Regulations. In addition, if HDHS Staff are aware that employees of other employers have had contact with the cases or suspected case, HDHS Staff, per Supervisory chain of command will notify the other employer within a timeframe that will allow for effective intervention to prevent/minimize disease without identifying the name of the source patient.
- D. If HDHS Staff and/or Supervisors become aware of employees being exposed to a RATD (exposure incident), The following procedures listed below are to be followed:

*Note: An exposure incident is 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 aerosol transmissible pathogen (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*

1. Staff/ Supervisors are to notify the Infection Prevention and/or Employee Health Service (EHS) offices within 24 hours.
2. Infection Prevention Nurse (IPN) will conduct an exposure analysis to determine whether an employee had significant exposure and the basis for determining whether post exposure follow up is needed. IPN will notify EHS of the findings. IPN and EHS will consult with EH MD and Infection Control Committee Chairperson, or Public Health as indicated. Records of this exposure analysis will be maintained.
3. Employee Health Services or Infection Prevention Nurse will notify the employee no later than 96 hours after becoming aware of the potential exposure and determine the plan for provision of a post exposure medical evaluation. HDHS EHS/ IPN will obtain from the physician a written opinion and a recommendation regarding precautionary removal from assigned work area as indicated.

## **XI. Staff Communication**

The procedures that HDHS Supervisors, EHS and IPN have in place to communicate with employees and other employers regarding the suspected or

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confirmed infectious disease status of persons to whom employees are exposed include: HDHS Communication established procedures, HDHS Human Resources, and the Department of Public Health CMR Reporting when indicated.

## **XII. Employee Training**

Employee training is provided by the Infection Prevention Nurse and in some instances the Employee Health Service Staff

Employees are trained at the following times:

- Initially (at the time of assignment)
- Annually
- Whenever there are changes in the workplace or when there are changes to procedures that could affect the worker's exposure

Training is provided at the appropriate level for the audience (with respect to educational level, literacy, language, etc) and includes an explanation of following topics:

- This standard including access to a copy.
- ATDs including the signs and symptoms requiring further medical evaluation.
- Modes of transmission of ATPs or ATPs-L
- Applicable source control procedures.
- This ATD Exposure Control Plan and/or Biosafety Plan, how to obtain a copy, how employees can provide input as to its effectiveness.
- Appropriate methods for recognizing tasks and other activities that may expose the employee to ATPs or ATPs-L.
- The use and limitations of methods that will prevent or reduce exposure to ATPs or ATPs-L including appropriate engineering and work practice controls, decontamination and disinfection procedures, and personal and respiratory protective equipment.
- Basis for selection of PPE, its uses and limitations, and the types, proper use, location, removal, handling, cleaning, decontamination and disposal
- TB surveillance procedures, including the information that persons who are immune-compromised may have a false negative test for LTBI.
- Respirator training for employees whose who use a respirator.
- Information on the available vaccines, including information on their efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge.



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- Procedure to follow if an exposure incident occurs, including the method of reporting the incident, the medical follow-up that will be made available, and post-exposure evaluation.
- Employer's surge plan as it pertains to the duties that employees will perform. including surge receiving and treatment of patients, patient isolation procedures, surge procedures for handling of specimens, including specimens from persons who may have been contaminated as the result of a release of a biological agent, how to access supplies needed for the response including PPE and respirators, decontamination facilities and procedures, and how to coordinate with emergency response personnel from other agencies.

An opportunity for interactive questions and answers with a person who is knowledgeable in the subject matter as it relates to the workplace that the training addresses and who is also knowledgeable in the employer's infection control procedures. If the training is not given in person, there will be an opportunity for interactive questions to be answered within 24 hours, or next working day by a knowledgeable person.

### **XIII. Communication with Public Health Agencies**

- A. Reportable ATDs are to be reported in timely manner per California and LA County Codes
- B. Communication with and/or response to Health Alerts is to be maintained with Los Angeles County Department of Public Health (LACDPH), California Department of Public Health (CDPH), Centers for Disease Control and Prevention (CDC), World Health Organization (WHO).

### **XIV. Surge Procedures**

*Note: surge conditions means a rapid expansion beyond normal services to meet the increased demand for qualified personnel, medical care, equipment, and public health service in the event of an epidemic, public health emergency, or disaster.*

The following procedures including work practices, decontamination facilities, PPE use, stockpiling / accessing / procuring PPE, and interaction with the local and regional emergency plan are described below.

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A. Service Continuation Priority

1. Each service should be prioritized in order to determine which services must remain at full capacity and which services can be delayed for a given amount of time during a surge event.
2. Develop plans for managing a staffing shortage within the organization due to illness in personnel or their family members.
3. Determine the minimum number and categories of personnel necessary to keep the office/clinic open on a given day.
4. Determine plans for either closing the clinic or recruiting temporary personnel during a staffing crisis.

B. Extension of Hours of Operation

Consider consolidating "closed" business hours (staff meetings, etc.), and extending operation hours.

C. Physical Space Capacity

Identify spatial capacity for simultaneous patients. Consider adapting space to examination rooms.

D. Calculating Total Surge Capacity

Total appointments during normal operations per week  
 Surge capacity by prioritization of appointments +  
 Surge capacity by extending hours of operation +  
 Surge capacity by reorganizing office space +  
 =Total surge capacity above normal operations

E. Surge Capacity Inventory Calculations

1. Determine/anticipate/estimate consumable resource needs (e.g., masks, gloves, hand hygiene products, medical supplies, etc.), medical equipment, emergency medications, office supplies and equipment needed for a projected period of time for surge operations.
2. Assess supply resources to assist in planning for materials and supply requirements and alternative supply sources. The assessment should be reviewed and updated annually.
3. Prepare a primary and contingency plan to address supply shortages. Use prearranged memoranda of agreement with vendors to make sure supplies will be available if needed, as well as requesting resources when normal channel resources have been exhausted.

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4. Constantly evaluate stock on hand during the disaster. Any stockpile amount should be based on the facility's system of receiving supplies (e.g., just-in-time) and knowledge of potential events). The length of time many items may be stockpiled will depend on the manufacturer's expiration date. These supplies need to have a process for turnover based on those dates. In the absence of a known expiration date, contact manufacturer for recommended expiration period.

Refer to the current Cal/OSHA procedure on respirator supply issues, e.g., [http://www.dir.ca.gov/dosh/SwineFlu/Interim\\_enforcement\\_H1N1.pdf](http://www.dir.ca.gov/dosh/SwineFlu/Interim_enforcement_H1N1.pdf)

## **XV. Recordkeeping**

The following records will be maintained:

### **A. Annual review of the ATD ECP**

This record to include:

- Name of person conducting / completing the review
- Dates of review
- Name/work area of employees involved in the review
- Summary of the conclusions

This record will be kept by the Infection Control/ Employee Health Committee for 3 years.

### **B. Medical records**

Medical records shall be maintained for each employee with occupational exposure. These records will be maintained by the Employee Health Service for at least the duration of employment plus 30 years and will be kept confidential. Once the Employee is no longer in the EHS office files, after employee is no longer employed the records are to be maintained by the HDHS Facility for 30 years. The records include:

- The employee's name and any other employee identifier used in the workplace
- The employee's vaccination status for all vaccines required by this standard, and any signed declination forms
- A copy of all written opinions provided by a Private Licensed Healthcare Professional (PLHCP) in accordance with this standard, and the results of all TB assessments; and
- A copy of the information regarding an exposure incident that was provided to the physician or other licensed health care professional

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C. Training records

- Training records are maintained by for a period of 3 years. Records include the date of the training, contents, name/qualifications of trainer, name/job titles of persons being trained.

D. Exposure incident records

Exposure incident records are maintained by the EHS. Records will 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 local health officer and/or 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.

E. Unavailability of the vaccine

This record will include the name of the person who determined the vaccine was not available, the name of the person providing the availability information, and the date of the contact. This record will be maintained by the EHS for 3 years.

F. Unavailability of an AIIR or area

This record will include the name of the person who received information that an AIIR or area was not available at another facility, the names of persons contacted for transfer possibilities, and the date of the contact, the name and contact information for the local Health Officer providing assistance and the times and dates of these contacts. The records for this determination are maintained by the HDHS electronic data base for 3 years.

G. Decision not to transfer a patient

This record will include the name of the physician determining that the patient was not able to be transferred, the date and time for the initial decision, and the date, time, and identity of the person who performed the daily review. The records for this determination are maintained by HDHS electronic data base for 3 years.

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H. Inspection/ testing/maintenance of engineering controls

Records of inspection/ testing/maintenance of engineering controls including Air Exchange Rates of rooms are maintained by the Facilities Department for a period of 5 years. Records include tester name, test information, date, and significant findings or actions.

I. Respirator records- Fit Testing

Respirator records are maintained by the EHS for a period of 2 years

**XVI. Notification of Contractors**

HDHS Supervisors or designees or the Physician or Infection Prevention Nurse will provide information about infectious disease hazards to any contractor or agency employer of contractor or of non LAC–facility staff or agencies who provides temporary or contract employees (Ambulance, Fire Dept staff, etc.) who may be reasonably anticipated to have occupational exposure so that the contractor or agency may provide precautions to protect their employees.

**XVII. Description of Operation**

HDHS Location Sites:

- a. MACC Main Campus – Urgent Care, Primary Care, Specialty Clinics, Radiology, Lab, Pharmacy, Electrodiagnostics, Respiratory Therapy, Therapies, Support Services
- b. South Valley Health Center -Urgent Care, Primary Care, Specialty Clinics, Radiology, Lab, Support Services
- c. Antelope Valley Health Center- Primary Care, Family Planning, Lab, Support Services
- d. Lake Los Angeles Clinic-Primary Care, Support Services
- e. Littlerock Clinic- Primary Care, Support Services
- f. Acton AVRC-Primary Care, Support Services

Support Services includes:

- a. Safety Police/Security
- b. Facilities
- c. Patient Financial Services
- d. Environmental Services
- e. Transportation
- f. Information Systems/Communications
- g. Health Information Management

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- h. Linen/Laundry
- i. Materials Management/Warehouse
- j. Finance
- k. Administration
- l. Food Service
- m. Volunteers
- n. Clerical

**REFERENCES:**

California Code of Regulations Title 8, Section 5144, 5199, Title 17 and Title 22

Centers for Disease Control and Prevention, Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Setting, 2007.

Management of Multidrug-Resistant Organisms In Healthcare Settings, 2006

MMWR, Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis* in Health-Care Facilities, 2005, Volume 454, RR-17.

Respiratory Hygiene and Cough Etiquette in Healthcare Settings CDC, November 4, 2004

Title 8 – California Code of Regulation, Prevention of Occupational Tuberculosis, CAL-OSHA.

U. S. Department of Health and Human Services, Public Health Service, CDC,

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