# JUVENILE COURT HEALTH SERVICES - INFECTION CONTROL



| Subject: | Original Issue Date: 10/9/2020 | Policy # |
|---|---|---|
| **AIRBORNE TRANSMISSIBLE DISEASE (ATD) EXPOSURE CONTROL PLAN** | Supersedes: | **IC - 13** |
| | | Effective Date: 10/9/2020 |

| Departments Consulted: | Approved By: | Approved by: |
|---|---|---|
| JCHS Nursing Administration<br>JCHS Education<br>Probation Department<br>DHS Risk Management | (Signature on File)<br>Medical Director<br><br>(Signature on File)<br>Infection Control Manager | (Signature on File)<br>Health Services Administrator |

## PURPOSE

Juvenile Court Health Services (JCHS) Aerosol Transmissible Disease Exposure Control Plan (ATD Plan) includes:

- Persons with authority and responsibility to implement the ATD Plan.
- Job Classifications in which staff members have occupational exposure to aerosol transmissible diseases.
- High-hazard procedures and operations, and the job classifications in which staff members are exposed to those procedures/operations
- Assignments and tasks within JCHS which require the use of personal protective equipment, including respiratory protections.
- Engineering, work-practice controls, and personal protective equipment (including respiratory protection devices) to limit/prevent exposure to aerosol transmissible disease.
- Training to be provided, including a general explanation of ATDs including signs and symptoms, an explanation of the modes of transmission, and procedures to be followed in the event of exposure.
- Recordkeeping responsibilities.
- Information on vaccines available to JCHS employees, and procedures for receiving them free of charge.
- A link to the regulatory text for these standards.

## POLICY

Juvenile Court Health Services (JCHS) shall provide its staff with a safe and healthy work environment with regard to aerosol transmissible diseases in accordance with requirements contained in Title 8, California Code of Regulations, Section 5144 and 5199 (8 CCR § 5144, 5199) and 15 CCR , Article 3:§ 1327, Article 8:§ 1400-1405, 1412. Article 12: § 1510.

All staff are responsible for assisting in the provision and maintenance of a safe and healthy work environment with regard to aerosol transmissible diseases, through their compliance with the provisions of the ATD Plan.

## SCOPE

The scope of this policy encompasses:

- All Los Angeles County Probation detention facilities where JCHS provides medical care, and

- All JCHS staff who have, or potentially have, occupational exposure to ATDs. This includes contract staff providing services for JCHS.

**DEFINITIONS**

**Aerosol transmissible disease (ATD)** is a disease for which droplet or airborne precautions are required, as specified in the State regulation's list of Mandatory Aerosol Transmissible Diseases/Pathogens (Attachment A).

**Aerosol transmissible pathogen (ATP)** is a pathogen for which droplet or airborne precautions are required, as specified in the State regulation's list of Mandatory Aerosol Transmissible Diseases/Pathogens (Attachment A).

**Airborne infection isolation (AII)** is an Infection Prevention/control procedure 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. Refer to the Centers for Disease Control's Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Healthcare Settings for specifics.
Airborne infection isolation room or area is a room, area, booth, tent, or other enclosure that is maintained at negative pressure to adjacent areas to control the spread of aerosolized *M. tuberculosis* and other airborne infectious pathogens.

**Airborne infectious disease** is an aerosol transmissible disease transmitted through dissemination of airborne droplet nuclei, small particle aerosols, or dust particles containing the disease agent for which airborne infection isolation is recommended by the Centers for Disease Control or the California Department of Public Health (See Attachment A), or
A 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** is 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 Centers for Disease Control and Prevention (CDC) or California Department of Public Health recommends airborne infection isolation (See Attachment A), or
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.

**Droplet Precautions** are Infection prevention/control procedures 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 5u m in size)

containing microorganisms generated from a person who has a clinical disease or who is a carrier of the microorganism. Refer to the Centers for Disease Control's Guideline for Isolation Precautions: Preventing Transmission Infectious Agents in Healthcare Settings June 2007, Appendix A.

**Exposure incident** is an event in which all the following have occurred:

1. A staff member 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.
2. The exposure occurred without the benefit of applicable exposure controls required by the ATD Plan.
3. It reasonably appears from the circumstances of the exposure that transmission of disease is sufficiently likely to require medical evaluation.

**High-hazard procedures** are procedures performed on a person who is an ATD case, or suspected ATD case, or on a specimen suspected of containing an ATP, in which the potential for being exposed to aerosol transmissible pathogens is increased due to the reasonably anticipated generation of aerosolized pathogens. While not currently performed within JCHS, such procedures include, but are not limited to:

- Sputum induction
- Bronchoscopy
- Pulmonary function testing
- Clinical, surgical and laboratory procedures that may aerosolize pathogens

**Local Health Officer** is the health officer for the local jurisdiction responsible for receiving and/or sending reports of communicable diseases, as defined in Title 17 CCR. Note: Title 17, §2500 requires that reports be made to the local health officer for the jurisdiction where the patient resides.

**The National Institute for Occupational Safety and Health (NIOSH)** a U.S. Federal agency responsible for conducting research and making recommendations for the prevention of work-related disease and injury.

**Novel or unknown ATP** is 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.

**Occupational exposure** is an exposure from work activity or working conditions that is reasonably anticipated to create an elevated risk of contracting any disease caused by ATPs if protective measures are not in place.

**Reportable aerosol transmissible disease** is 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 ATD.

**Significant exposure** is an exposure to a source of ATPs in which the circumstances of the exposure make the transmission of a disease sufficiently likely that the employee requires further evaluation by a physician or licensed healthcare professional.

**Source Control** measures are 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 or fever.

**Susceptible person** is a person who is at risk of acquiring an infection due to a lack of immunity as determined by a physician or licensed health care professional in accordance with applicable public health guidelines.

**Suspected case** is any of the following:
1. A person whom a healthcare provider believes probably has a particular disease or condition listed in Attachment A.
2. A person who is considered a probable case.

Workforce Member (WFM) Persons, County, or non-County, who are authorized to perform duties or provide services inside JCHS medical treatment or housing areas.

## I. RESPONSIBILITIES

### A. Program Administrator

The Program Administrator for the ATD Plan is the JCHS Infection Prevention and Control Manager. The Program Administrator in consultation with the JCHS Administration, Infection Prevention and Control Committee and Employee Health Services (EHS) is responsible for overseeing the implementation and maintenance of the ATD Plan.

His/her ATD responsibilities include:

1. Ensuring the ATD Plan is implemented, reviewed annually, and revised as necessary
2. Developing, modifying, and ensuring implementation of policies required to maintain the effectiveness of the ATD Plan.

3. Maintaining and reviewing records and reports pertinent to the ATD Plan.
4. Ensuring all suspected, reported, or alleged safety and health hazards are evaluated and controlled.
5. Evaluating the effectiveness of the ATD Plan, at least annually.
6. Approving safety and health programs and policies.
7. Providing support, leadership, and direction for the ATD Plan.
8. Delegating authority, responsibility, and accountability to effectively implement and maintain the ATD Plan.
9. Procuring physical and financial resources for the correction of safety and health hazards.

**B. Directors/Administrators/Nurse Managers**

1. Ensure staff members are trained and comply with the policies and procedures established in the ATD Plan.
2. Ensure the ATD Plan has been implemented and followed in their area(s) of responsibility.
3. Ensure each affected staff member under his/her direction is trained as required by the ATD Plan.
4. Communicate safety and health information to staff members when ATD/ATP hazards are identified, or new operations, materials, procedures, or equipment are introduced into the workplace that could potentially create such hazards.
5. Encourage staff members to submit questions or suggestions regarding the effectiveness of the ATD Plan.

**C. Workforce Members (WFMs)**

1. Follow all guidelines and procedures related to the ATD Plan.
2. Wear appropriate personal protective equipment when/as required.
3. Immediately report all exposures, injuries and known safety deficiencies or potentially hazardous conditions to their supervisor, preferably in writing. If the supervisor is not available, hazards and injuries are to be reported to the next available person in the staff member's line of supervision.
4. Refrain from performing tasks for which they are not trained.
5. WFMs are encouraged to participate in the revision of the ATD Plan, and its related policies.

## II. JOB CLASSIFICATIONS WITH POTENTIAL EXPOSURE

Attachment C lists job classifications in JCHS which may have exposure to ATDs requiring the use of personal protective equipment (PPE), including respirators

## III. HIGH HAZARD PROCEDURES PERFORMED IN JCHS

High hazard procedures being performed in JCHS facilities include nasopharyngeal swabbing for PCR testing, cardiopulmonary resuscitation, nebulized treatments, and aerosol generating dental procedures. All high hazard procedures such as sputum

induction and bronchoscopy are to be performed at other Department of Health Services facilities, including Los Angeles County Medical Centers.

## IV. ASSIGNMENTS/TASKS REQUIRING PPE

Attachment C lists assignments or tasks being performed in JCHS for which the use of PPE is mandatory.

## V. MEASURES TO PREVENT EXPOSURE

All feasible measures to prevent exposure shall be used to minimize staff exposure to ATDs. These measures include, but are not limited to:

- Source Controls
- Engineering controls
- Work practice controls
- Cleaning and decontamination
- Personal protective equipment (PPE)
- Administrative controls
- Surge Events

Where source control, engineering, administrative and work practice controls do not provide sufficient protection, JCHS shall provide affected staff with appropriate PPE.

### A. Source Control Measures may include, but are not limited to:

1. Identification, isolation, and transfer of presenting known/suspected ATD or ATP patients to airborne infection isolation rooms, isolation areas or to other facilities
   a. Placement of facemasks on suspected or confirmed ATD/ATP patients at facility access points (i.e. the Youth Reception Center).
   b. Placement of suspected or confirmed ATD/ATP patients in an airborne infection isolation room as soon as logistically possible after identification. If an isolation room is not available, the patient should be housed in an individual room, with the door remaining closed. Cohorting may be required should there be insufficient individual rooms available, i.e., in the event of the need to implement a quarantine in a youth housing area.
   c. All rooms used for isolation of known/suspected ATD or ATP patients shall display precautionary signage, requiring the use of PPE prior to entry. This may include instruction to consult the charge nurse prior to entry. All signage shall be HIPAA compliant.
   d. If no airborne infection isolation room is anticipated to be available within 2 hours, the patient may be transferred to another suitable facility unless the treating physician determines that the transfer would be detrimental to the patient's condition.
   e. As it is not feasible to provide single airborne infection isolation rooms, all effective control measures will be considered and/or implemented. Youth are housed in single bed/individual rooms.

2. Infection Control and other JCHS policies and procedures that specify methods to limit staff exposure to known/suspected ATD or ATP patients during periods when these patients are not in airborne infection isolation rooms or areas.
   a. Place facemasks on suspect or confirmed ATD/ATP patients when they are outside their rooms (i.e., for diagnostic testing or transport to and from the facility).
   b. The JCHS WFM shall be required to wear appropriate PPE when moving suspected or known ATD/ATP patients from their housing areas for treatment or transfer to another facility. Probation WFMs transporting the patient shall be advised by the transferring nurse of the need for PPE prior to moving the patient and provided appropriate PPE if they do not have it.

**B. Engineering Control Measures may include, but are not limited to:**

1. Partitions (i.e. transparent plexiglass panels/windows/desk enclosures) placed in high traffic areas as physical barriers to shield WFMs from respiratory droplets
2. Use of local exhaust (i.e., hoods, tents) to protect WFMs during aerosol-generating procedures.
3. Use of hands-free (foot activated pedals) receptacles for waste, to minimize environmental contact.
4. Ensuring there is effective general ventilation and thorough environmental surface hygiene is performed by Probation MSB WFMs. ATD suspect patients requiring airborne precautions will be masked and isolated in a single person room with the door closed until they are transferred to an acute care facility for appropriate isolation and treatment.

**C. General Workplace Controls may include, but are not limited to:**

1. Enforcement of staff immunization/vaccination requirements.
2. Enforcement of respiratory hygiene/cough etiquette practices.
3. Posting of visual alerts at facility entrances and treatment areas to inform staff members of symptoms of respiratory illnesses.
4. Temperature checks at entry for certain high-risk areas during pandemics or local outbreaks.
5. Enforcement of policies on appropriate isolation precautions
6. Reconfiguration of work areas as feasible to allow appropriate social distancing.
7. Notifications and updates regarding ATD or ATP exposures and preventive measures will be communicated to all JCHS WFMs through email communication with physicians and nursing leadership and disseminated during line staff meetings.

**D. Cleaning and Decontamination**

Established Environmental Services policies and procedures define decontamination procedures for the cleaning and decontamination of the work areas, patient care equipment and personal protective equipment. Enhanced cleaning, disinfecting and

hygiene practices (frequent hand sanitizing and/or washing) will be continuously implemented. Posters and other reminders will be placed in the entrances and exits, restrooms, and throughout the JCHS facilities to educate and inform WFMs regarding safeguards in place. The CDC regulatory guidelines for sanitizing protocols are being followed at JCHS facilities.

**E. Personal Protective Equipment (PPE) may include:**

1. Gloves
2. Gowns/aprons
3. Respiratory Protection: Masks and respirators (N 95 respirator, which have been fit-tested for each user)
    a. Only NIOSH approved N95 respirators shall be used.
    b. Refer to the JCHS Respiratory Protection Program for procedures on respiratory protection, including medical evaluation, fit testing, and training.
4. Eye protection: goggles and/or face shields

Each JCHS nurse manager/supervisor will be responsible for maintaining an adequate supply of PPE for staff assigned to that facility. The JCHS organization will implement minimum levels to ensure there is adequate PPE to supply the various units and to avoid overstocking PPE in patient care areas.

On the use of PPE, including respirator protection, for COVID-19, follow the Dept. of Health Services' up-to-date Expected Practices on the subject.

**F. Administrative Controls may include, but are not limited to:**

1. Identification by the ATD Program Administrator (or designee) of:
    - Job classifications in which staff have known or potential occupational exposure (Attachment C)
    - High-hazard medical procedures, as well as non-medical assignments/tasks performed in the JCHS patient care areas in the Probation facilities, and the related job classifications. These assignments/tasks are those which will require the use of PPE.
2. The ATD Program Administrator (or designee) will evaluate each exposure incident, including cause determination, continually assess existing and new or modified processes/methods with potential for exposure to ATDs or ATPS, and revise procedures as necessary to prevent exposure incidents.

**G. Surge events**

Plans for these events will be included in the JCHS emergency preparedness plan (JCHS Pandemic Influenza Plan) and will follow guidelines provided by the Centers for Disease Control and the Los Angeles County Department of Health Services.

## VI. MEDICAL SURVEILLANCE

### A. Prospective Surveillance

1. TB assessment is conducted on all patient care staff at pre-employment/pre-assignment, annually, and post-exposure per DHS Policy 925.510, Tuberculosis Screening Surveillance Program.
2. The JCHS Employee Health staff shall obtain evidence of immunity to vaccine-preventable diseases per DHS Policy 334.200 Influenza Vaccinations for Workforce Members.
3. Appropriate vaccinations (Attachment D) will be made available, free of charge, to all susceptible staff upon pre-employment/pre-assignment, annually, and post-exposure.
4. Non-County WFMs are screened as required under DHS Policy 705.001 Health Screening: Non-County Workforce Members

### B. Exposure Incidents

1. All reportable ATD/ATP cases or suspected cases will be reported to the local health officer in accordance with Title 17, §2500 and Los Angeles County, Acute Communicable Disease Control, Morbidity Unit within a timeframe that is reasonable to the specific disease but not later than 72 hours to the extent that information about the exposure incident is available.
2. An Infection Prevention and Control Coordinator will be made aware of all actual and potential exposure incidents. This may occur in one or more of the following ways:
   a. A Service Director, Administrator or Nurse Manager (or designee) or any workforce member reports a known or potential ATD exposure.
   b. The Los Angeles County Public Health Laboratory and/or acute care facility laboratory provides information on results of diagnostic tests that are positive for ATDs or ATPs.
   c. The Los Angeles County Public Health Lab provides information on results of send-out diagnostic laboratory tests that are positive for an ATD or ATP.
   d. An outside employer/agency reports a known or potential ATD or ATP exposure.
3. Upon discovery of a potential or known ATD or ATP exposure incident, the affected individual(s) are responsible for the following actions:
   a. Notify Employee Health within 72 hours of known/suspected ATD exposures.
   b. Obtain an exposure analysis within 72 hours after becoming aware of an exposure.
   c. Notify, within 72 hours, any external facility/agency that referred the known/suspected case to JCHS. Such agencies include, but are not limited to, homeless shelters, outside health care facilities, other Probation/detention/ correctional facilities.

d. Exposure reporting and self-monitoring instructions will be disseminated during pandemics or local outbreaks.

4. Employee Health Services (EHS):
   a. EHS promptly notifies the appropriate Director, Administrator, Unit Head, Nurse Manager and/or contract agency director of the exposure incident using the Aerosol Transmissible Disease Exposure Incidents Form, (Attachment E) and requests the names of potentially exposed staff.
   b. Provides post-exposure medical evaluation to all staff that had a significant exposure.
   c. Provides a recommendation and written opinion regarding precautionary removal of the staff.

   Note: Depending on the type of ATD involved, the recommendation/written opinion may be provided by a Workman's Compensation physician/licensed healthcare professional or the staff member's personal physician/licensed healthcare professional.

5. Director, Administrator, Unit Head or Nurse Manager
   a. Notifies affected staff within 96 hours of the organization becoming aware of the potential exposure.
   b. Instructs affected staff to immediately report to EHS for follow-up.
   c. Provides EHS with the names of potentially exposed staff using the Aerosol Transmissible Disease Exposure Incidents form, (Attachment E).
   d. Provides the WFM with an Industrial Accident Packet and locations of EHS sites.

**C. Post-Exposure Medical Management of Staff**

1. Employee Health Services clinicians and/or external physician/licensed healthcare professionals responsible for conducting post-exposure health evaluations are notified, by means of the Aerosol Transmissible Disease Post-Exposure Health Evaluation Form, of where they may obtain a copy of the State's ATD standard (Attachment F).

2. Employee Health Services clinicians and/or external physician/licensed healthcare professionals responsible for conducting post-exposure health evaluations shall receive:
   a. A description of the exposed staff member's duties as they relate to the exposure incident.
   b. The circumstances under which the exposure incident occurred.
   c. Any available diagnostic test results including drug susceptibility, pattern or other information relating to the source of exposure that could assist in the medical management of the staff member.

d. The staff member's medical records relevant to the management of the staff member, including tuberculin skin test results and other relevant tests for ATP infections, vaccination status, and determinations of immunity.

3. The examining EHS clinicians and/or external physician/licensed healthcare professionals shall provide the staff member's supervisor, or contract agency's director, with a written recommendation regarding precautionary removal from duty of staff experiencing known or suspected ATD or ATP exposure.
   a. If such a recommendation is made, the staff member shall remain on precautionary removal from duty until the WFM is determined to be non-infectious.

Note: When County WFMs are placed on such precautionary removal, their earnings, seniority and all other rights and benefits, including his/her right to his/her former job status will be maintained. These provisions do not extend to any periods of time during which staff are unable to work for reasons other than precautionary removal.

**D. Tuberculosis Conversions**

Employee Health Services will refer staff who experience a TB conversion to a Workman's Compensation Program. An Aerosol Transmissible Disease Post-Exposure Health Evaluation Form, (Attachment F) for completion by Employee Health Services physician/licensed healthcare provider, workman's compensation occupational health provider or personal physician/licensed healthcare provider will be provided to affected staff.

1. The physician/licensed healthcare provider will be provided with electronic access to 8 CCR §5199 and the staff member's TB test records.
2. The physician/licensed healthcare professional, with the staff member's consent, will perform any necessary diagnostic tests and inform the staff member about appropriate treatment options.
3. The physician/licensed healthcare professional will determine if the staff member is a TB case or suspected case, and will perform the following:
   a. Inform the staff member, Employee Health Services, and the local health officer.
   b. Consult with the local health officer and inform Employee Health Screening of any infection prevention/control recommendations related to the staff member's activity in the workplace.
   c. Make a recommendation regarding precautionary removal from work due to suspect active disease and provide a written opinion.
   d. The JCHS Infection Prevention and Control Unit will investigate the circumstances of the conversion, and identify any deficiencies needing corrections that were found during their investigation.

## VII. WORKFORCE MEMBER TRAINING ON ATD/ATP

**A. Staff are to be trained:**

1. At initial assignment of tasks where occupational exposure may occur.
2. At least annually thereafter, not to exceed 12 months from the previous training.

3. When changes affect the staffs' occupational exposure or control measures.

**B. The training program(s) will be coordinated by the Program Administrator or their designee, and shall contain the following:**

1. An accessible copy or link to the regulatory text of the ATD standard and an explanation of its contents.
2. An explanation of ATDs including the signs and symptoms of ATDs that require further medical attention.
3. An explanation of the modes of transmission ATPs or ATPs/L, and applicable source control procedures.
4. A hard copy of the ATD Exposure Control Plan will be located within each facility's Infection Prevention and Control Manual, the JCHS intranet web page, and/or by contacting the Infection Control Coordinator or Manager.
5. An explanation of the appropriate methods for recognizing tasks and other activities that may expose the staff to ATDs or ATPs.
6. An explanation of the use and limitations of methods that will prevent or reduce exposure to ATDs or ATPs, including appropriate engineering and work practice controls, decontamination and disinfection procedures, and personal respiratory protective equipment available for their use.
7. An explanation for the basis of selection of the PPE, its uses and limitations, and the types, proper use, locations, removal, handling, cleaning, decontamination, and disposal of the items that staff will use.
8. A description of JCHS surveillance procedures, including the information that persons who are immune compromised may have a false negative test for LTBI.
9. Training meeting the requirements of 8 CCR §5144 for staff who use respirators.
10. Information on the vaccines that may be available through DHS or affiliate agencies, including information on their efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccinations will be offered free of charge to JCHS employees.
11. An explanation of the procedures 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 evaluations.
12. Information on emergency procedures relating to ATDs and ATPs, (i.e., surge events).

Note: Every training program will include an opportunity for interactive questions and answers with a person who is knowledgeable in the subject matter as it relates to the workplace, and knowledgeable of the JCHS ATD Exposure Control and Safety Plans.

## VIII. RECORDKEEPING

**A. Medical records**

Medical records will be maintained for each staff with occupational exposure in accordance with 8 CCR §3204 by Employee Health Services.

These records will include:

1. The staff name and any other identifier used in the workplace.
2. The staff vaccination status for all vaccines required, including information provided by Employee Health Services and/or the personal physician or licensed healthcare provider, and any vaccine record provided by the staff, and any signed declination forms.
3. A copy of all written opinions provided by Employee Health Services and/or the personal physician/licensed healthcare provider.
4. Results of all TB/ATD assessments.
5. A copy of the information regarding an exposure incident that was provided to Employee Health Services or the personal physician/licensed healthcare provider.

All medical records will be maintained confidentially and not disclosed or reported without the staff member's written consent to any person within or outside the workplace, unless required by statute, regulation or by law. This does not apply to records that do not contain individually identifiable medical information, or from which individually identifiable medical information has been removed.

The facilities shall ensure all records, other than the staff medical records, shall be made available upon request to the Chief of OSHA, NIOSH and the local health officer for examination and copying.

Medical records will be maintained for at least the duration of employment plus 30 years in accordance with 8 CCR §3204.

**B. Training Records**

Training records will be maintained by Human Resources in the employee file or Learning Net, and will include the following information:

1. The date of the training session(s)
2. Time spent in training
3. The contents or a summary of the training session(s)
4. The names and qualifications of persons conducting the training or who are designated to respond to interactive questions, and
5. The names and job titles for all persons attending the training sessions.

Training records will be maintained for three (3) years from the date on which the training occurred.

**C. Records of Implementation of ATD Plan and Safety Plan**

Records of the annual review of the ATD Plan and/or Safety Plan will include the name(s) of the person(s) conducting the review, the dates the review was conducted and completed, and the name(s) and work areas for staff involved. The record of annual review of the ATD Plan will be retained for three (3) years.

| Records Keeping | Responsibility |
|---|---|
| Vaccination Record | EHS |
| Exposure Incident Records | EHS |
| Fit Test | EHS |
| Inspection of Heating Ventilation Air Conditioning | Probation Facilities Management |
| Employee Medical Health Surveillance | EHS |
| Engineering Controls | Probation Facilities Management |
| Bio Safety Cabinets | JCHS |

**D. Exposure Incidents**

Records of exposure incidents will be retained and made available as staff exposure records. These records will include the following:

1. Date of the exposure incident
2. Names and any other staff identifiers used in the workplace, or staff who were included in the exposure evaluation.
3. Disease or pathogen to which staff may have been exposed
4. Name and job title of the person performing the evaluation
5. Identity of any local health officer and/or personal physician/licensed healthcare provider consulted.
6. Date of the evaluation
7. Date of contact and contact information for any other employer who either notified JCHS or was notified regarding potential staff exposure.

**E. Unavailability of Vaccines (Attachment B)**

Records of the unavailability of vaccines will include:

1. The ATD Plan Administrator will keep the log with the name of the pharmacist who determined that the vaccine was not available
2. The name or the affiliation of the person providing the vaccine availability information, and the date of contact.

These records will be kept for three (3) years.

**F. Unavailability of Airborne Infection Isolation (AII) rooms (Attachment B)**

Records of the unavailability of AII rooms or areas will include:

1. The name of the person who determined that an AII room or area was not available
2. The names and the affiliations of person(s) contacted for transfer possibilities, and the date of contact
3. The contact information of the local health officer providing assistance and the times and dates of the correspondence.

This record, which will not contain the patient's individually identifiable medical information, will be retained for three (3) years.

**G. Decisions Not to Transfer Patient (Attachment B)**

Records of the decisions not to transfer a patient to another facility for AII for medical reasons will be documented in the patient's chart, and a summary will be provided to the Program 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 will not contain a patient's individually identifiable medical information, will be retained for three (3) years.

**H. Inspection Records of Non-Disposable Engineering Controls**

The Los Angeles Probation Management Service Bureau maintains records of facility inspections, testing and maintenance of non-disposable engineering controls, including ventilation and other air handling and air filtration systems. Maintenance records are to be retained for 5 years, and should include the following:

1. The name(s) and affiliation(s) of the person(s) performing the tests
2. The dates of inspection or maintenance
3. Any significant findings, and actions that were taken

**I. Respiratory Protection Records**

Records of the respiratory protection programs, including Fit testing, will be established, and maintained in accordance with 8 CCR §5144 and the ATD Plan.

## IX. PROGRAM REVIEW

**A. The Infection Prevention and Control Manager**

Solicits input from staff and management when reviewing and updating the ATD Exposure Control Plan annually. To ensure that the program addresses "real-life" conditions, the following will be included in the review:

1. Cal/OSHA 300 log data, exposure incident report data, and staff input
2. New or modified tasks or procedures that affect occupational exposure
3. Maintenance records for engineering controls, and evaluation of work practice controls
4. Information indicating that the existing exposure control plan is deficient in any area(s).
5. Applicable new laws, regulations, standards.

**B. Workforce Members**

Are encouraged to provide suggestions on improving the procedures they perform in their work areas. Staff contribute to the review and update of the ATD exposure control plan by:

1. Obtaining updates of Infection Control implementation and improvement activities through the Infection Control Committee, Emergency Preparedness Subcommittee meetings and Unit Staff Meetings.
2. Reviewing monthly Environmental Health and Safety Inspections accessible to all employees via hard copy manuals at each facility and on the JCHS intranet web page.
3. Reporting issues or potential problems to immediate supervisors/managers and providing ideas, recommendations, or suggestions for their correction.
4. Submitting Safety Intelligence (SI) reports to communicate safety issues or concerns to JCHS administration and Los Angeles County DHS Risk Management.

**REGULATORY AUTHORITY**

Title 8, California Code of Regulations, Section 3204 (8 CCR §3204)
https://www.dir.ca.gov/title8/3204.html

Title 8, California Code of Regulations, Section 5144 (8 CCR §5144)
https://www.dir.ca.gov/title8/5144.html

Title 8, California Code of Regulations, Section 5199 (8 CCR §5199)
https://www.dir.ca.gov/title8/5199.html

Title 15, California Code of Regulations, Article 3: § 1327, Article 8: § 1400-1405, 1412. Article 12:§ 1510 http://bscc.ca.gov/wp-content/uploads/Juvenile-Title-15-Effective-2019-1-1.pdf

Title 17 California Code of Regulations, Division 1, Chapter 4
https://eziz.org/assets/docs/IMM-1080.pdf

Title 17, §2500
https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/ReportableDiseases.pdf

**REFERENCES**

Centers for Disease Control's Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Healthcare Settings, 2005;
https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5417a1.htm?s_cid-rr5417al_c

Centers for Disease Control's Guideline for Isolation Precautions: Preventing Transmission Infectious Agents in Healthcare Settings, 2007;
https://www.cdc.gov/infectioncontrol/pdf/guidelines/isolation-guidelines-H.pdf

CDC Biosafety Microbiological Biomedical Laboratories, 2009
https://www.cdc.gov/labs/BMBL.html

DHS Policy 925.500 Aerosol Transmissible Disease Exposure Control Program

DHS Policy 925.510 Tuberculosis Screening Surveillance Program

DHS Policy 334.200 Influenza Vaccinations for Workforce Members

DHS Policy 705.001 Health Screening: Non-County Workforce Members

DHS Policy 925.405 Respiratory Protection Fit Testing

JCHS Pandemic Influenza Plan, 2020

JCHS Policy IC-01 Infection Prevention and Control Program

JCHS Policy IC-02 Standard Precautions

JCHS Policy IC-03 Transmission Based Precautions

JCHS Policy IC-04 Reporting and Managing HCW with or Exposed to a Communicable Disease

DHS Directive entitled “PPE Expected Practice During the COVID-19 Pandemic”

JCHS Policy IC-06 Cleaning and Disinfection of the Environment

**ATTACHMENTS**

Attachment A - Mandatory Aerosol Transmissible Diseases/Pathogens

Attachment B - Records of Unavailability

Attachment C - Job Classifications and Assignments with Potential Exposure

Attachment D - Vaccinations Available to WFMs

Attachment E - Aerosol Transmissible Disease Exposure Incidents Forms 1 and 2

Attachment F - Aerosol Transmissible Disease Post-Exposure Health Evaluation Form

# ATTACHMENT A - 1

**Aerosol Transmissible Diseases/Pathogens (Mandatory)**

This Attachment A contains a list of diseases and pathogens which are to be considered aerosol transmissible pathogens or diseases. Employers are required to provide the protections according to whether the disease or pathogen requires airborne infection isolation or droplet precautions.

**A. 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)/Varioloa virus
- Tuberculosis (TB)/*Mycobacterium tuberculosis* -- Extrapulmonary, draining lesion; Pulmonary or laryngeal disease, confirmed; Pulmonary or laryngeal disease, suspected
- Any other disease for which local public health guidelines recommend airborne infection isolation

**B. 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 local public health guidelines recommend droplet precautions

# ATTACHMENT A - 2

**Aerosol Transmissible Pathogens- Laboratory (Mandatory)**
This attachment contains a list of agents that, when reasonably anticipated to be present, require a laboratory to comply with CCR 8, Section 5199 for laboratory operations by performing a risk assessment and establishing a biosafety plan that includes appropriate control measures as identified in the standard.

- Adenovirus (in clinical specimens and in cultures or other materials derived from clinical specimens)
- Arboviruses, unless identified individually elsewhere in this list (large quantities or high concentrations* of arboviruses for which CDC recommends BSL-2, e.g., dengue virus; potentially infectious clinical materials, infected tissue cultures, animals, or arthropods involving arboviruses for which CDC recommends BSL-3 or higher, e.g., Japanese encephalitis, West Nile virus, Yellow Fever)
- Arenaviruses (large quantities or high concentrations of arenaviruses for which CDC recommends BSL-2, e.g., Pichinde virus; potentially infectious clinical materials, infected tissue cultures, animals, or arthropods involving arenaviruses for which CDC recommends BSL-3 or higher, e.g., Flexal virus)
- *Bacillus anthracis* (activities with high potential for aerosol production**, large quantities or high concentrations, screening environmental samples from *b. anthracis* -contaminated locations)
- *Blastomyces dermatitidis* (sporulating mold-form cultures, processing environmental materials known or likely to contain infectious conidia)
- *Bordetella pertussis* (aerosol generation, or large quantities or high concentrations)
- *Brucella abortus, B. canis, B. "maris", B. melitensis, B. suis* (cultures, experimental animal studies, products of conception containing or believed to contain pathogenic *Brucella* spp.)
- *Burkholderia mallei, B. pseudomallei* (potential for aerosol or droplet exposure, handling infected animals, large quantities or high concentrations)
- Cercopithecine herpesvirus (see Herpesvirus simiae)
- *Chlamydia pneumoniae* (activities with high potential for droplet or aerosol production, large quantities or high concentrations)
- *Chlamydia psittaci* (activities with high potential for droplet or aerosol production, large quantities or high concentrations, non-avian strains, infected caged birds, necropsy of infected birds and diagnostic examination of tissues or cultures known to contain or be potentially infected with *C. psittaci* strains of avian origin)
- *Chlamydia trachomatis* (activities with high potential for droplet or aerosol production, large quantities or high concentrations, cultures of lymphogranuloma venereum (LGV) serovars, specimens known or likely to contain *C. trachomatis*)
- *Clostridium botulinum* (activities with high potential for aerosol or droplet production, large quantities or high concentrations)
- *Coccidioides immitis, C. posadasii* (sporulating cultures, processing environmental materials known or likely to contain infectious arthroconidia, experimental animal studies involving exposure by the intranasal or pulmonary route)
- *Corynebacterium diphtheriae*
- *Coxiella burnetti* (inoculation, incubation, and harvesting of embryonated eggs or cell cultures; experimental animal studies, animal studies with infected arthropods, necropsy of infected animals, handling infected tissues)
- Crimean-Congo haemorrhagic fever virus
- Cytomegalovirus, human (viral production, purification, or concentration)
- Eastern equine encephalomyelitis virus (EEEV) (clinical materials, infectious cultures, infected animals or arthropods)
- Ebola virus
- Epstein-Barr virus (viral production, purification, or concentration)
- *Escherichia coli,* shiga toxin-producing only (aerosol generation or high splash potential)
- Flexal virus
- *Francisella tularensis* (suspect cultures—including preparatory work for automated identification systems, experimental animal studies, necropsy of infected animals, high concentrations of reduced-virulence strains)
- Guanarito virus

- *Haemophilus influenzae*, type b
- Hantaviruses (serum or tissue from potentially infected rodents, potentially infected tissues, large quantities or high concentrations, cell cultures, experimental rodent studies)
- *Helicobacter pylori* (homogenizing or vortexing gastric specimens)
- Hemorrhagic fever -- specimens from cases thought to be due to dengue or yellow fever viruses or which originate from areas in which communicable hemorrhagic fever are reasonably anticipated to be present
- Hendra virus
- Hepatitis B, C, and D viruses (activities with high potential for droplet or aerosol generation, large quantities or high concentrations of infectious materials)
- Herpes simplex virus 1 and 2
- Herpesvirus simiae (B-virus) (consider for any material suspected to contain virus, mandatory for any material known to contain virus, propagation for diagnosis, cultures)
- *Histoplasma capsulatum* (sporulating mold-form cultures, propagating environmental materials known or likely to contain infectious conidia)
- Human herpesviruses 6A, 6B, 7, and 8 (viral production, purification, or concentration)
- Influenza virus, non-contemporary human (H2N2) strains, 1918 influenza strain, highly pathogenic avian influenza (HPAI) (large animals infected with 1918 strain and animals infected with HPAI strains in ABSL-3 facilities, loose-housed animals infected with HPAI strains in BSL-3-Ag facilities)
- Influenza virus, H5N1 - human, avian
- Junin virus
- Kyasanur forest disease virus
- Lassa fever virus
- *Legionella pneumophila*, other legionella-like agents (aerosol generation, large quantities or high concentrations)
- Lymphocytic choriomeningitis virus (LCMV) (field isolates and clinical materials from human cases, activities with high potential for aerosol generation, large quantities or high concentrations, strains lethal to nonhuman primates, infected transplantable tumors, infected hamsters)
- Machupo virus
- Marburg virus
- Measles virus
- Monkeypox virus (experimentally or naturally infected animals)
- Mumps virus
- *Mycobacterium tuberculosis complex (M. africanum, M. bovis, M. caprae, M. microti, M. pinnipedii, M. tuberculosis* (aerosol-generating activities with clinical specimens, cultures, experimental animal studies with infected nonhuman primates)
- *Mycobacteria* spp. other than those in the *M. tuberculosis* complex and *M. leprae* (aerosol generation)
- *Mycoplasma pneumoniae*
- *Neisseria gonorrhoeae* (large quantities or high concentrations, consider for aerosol or droplet generation)
- *Neisseria meningitidis* (activities with high potential for droplet or aerosol production, large quantities or high concentrations)
- Nipah virus
- Omsk hemorrhagic fever virus
- Parvovirus B19
- Prions (bovine spongiform encephalopathy prions, only when supported by a risk assessment)
- Rabies virus, and related lyssaviruses (activities with high potential for droplet or aerosol production, large quantities or high concentrations)
- Retroviruses, including Human and Simian Immunodeficiency viruses (HIV and SIV) (activities with high potential for aerosol or droplet production, large quantities or high concentrations)
- *Rickettsia prowazekii, Orientia (Rickettsia) tsutsuagmushi*, *R. typhi (R. mooseri),* Spotted Fever Group agents (*R. akari, R. australis, R. conorii, R. japonicum, R. rickettsii,* and *R. siberica*) (known or potentially infectious materials; inoculation, incubation, and harvesting of embryonated eggs or cell cultures; experimental animal studies with infected arthropods)
- Rift valley fever virus (RVFV)
- Rubella virus
- Sabia virus
- *Salmonella* spp. other than *S. typhi* (aerosol generation or high splash potential)
- *Salmonella typhi* (activities with significant potential for aerosol generation, large quantities)

- SARS coronavirus (untreated specimens, cell cultures, experimental animal studies)
- *Shigella* spp. (aerosol generation or high splash potential)
- *Streptococcus* spp., group A
- Tick-borne encephalitis viruses (Central European tick-borne encephalitis, Far Eastern tick-borne encephalitis, Russian spring and summer encephalitis)
- Vaccinia virus
- Varicella zoster virus
- Variola major virus (Smallpox virus)
- Variola minor virus (Alastrim)
- Venezuelan equine encephalitis virus (VEEV) (clinical materials, infectious cultures, infected animals or arthropods)
- West Nile virus (WNV) (dissection of field-collected dead birds, cultures, experimental animal and vector studies)
- Western equine encephalitis virus (WEEV) (clinical materials, infectious cultures, infected animals or arthropods)
- *Yersinia pestis* (antibiotic resistant strains, activities with high potential for droplet or aerosol production, large quantities or high concentrations, infected arthropods, potentially infected animals)

* 'Large quantities or high concentrations' refers to volumes or concentrations considerably in excess of those typically used for identification and typing activities. A risk assessment must be performed to determine if the quantity or concentration to be used carries an increased risk, and would therefore require aerosol control.

** 'activities with high potential for aerosol generation' include centrifugation

Juvenile Court Health Services
LOS ANGELES COUNTY

**ATTACHMENT B**

# AEROSOL TRANSMISSIBLE DISEASE RECORDS OF UNAVAILABILITY

See GENERAL INSTRUCTIONS on Last Page

## TO BE COMPLETED BY PHARMACY

| UNAVAILABILITY OF VACCINES | | | |
|---|---|---|---|
| DATE | VACCINE | NAME OF PERSON WHO DETERMINED UNAVAILABILITY | NAME OF PERSON/AFFILIATION PROVIDING VACCINE UNAVAILABILITY INFORMATION |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

## TO BE COMPLETED BY PHYSICIAN

| UNAVAILABILITY OF AIRBORNE INFECTION ISOLATION ROOMS/AREAS | | |
|---|---|---|
| DATE | NAME OF PERSON WHO DETERMINED UNAVAILABILITY | NAME OF PERSON/AFFILIATION CONTACTED FOR TRANSFER POSSIBILITIES |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

## TO BE COMPLETED BY PHYSICIAN

| DECISIONS NOT TO TRANSFER SUMMARY | | | | |
|---|---|---|---|---|
| INITIAL DECISION DATE | INITIAL DECISION TIME | INITIAL DECISION MADE BY (PRINT NAME) | DAILY REVIEW DATE | DAILY REVIEW MADE BY (PRINT NAME) |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Juvenile Court Health Services
LOS ANGELES COUNTY

**ATTACHMENT B**

# AEROSOL TRANSMISSIBLE DISEASE RECORDS OF UNAVAILABILITY

8 CCR § 5199 – Appendix G

Records shall be retained for three (3) years.

## GENERAL INSTRUCTIONS

**Unavailability of Vaccines**

Records of the unavailability of vaccines will include:

- Pharmacy will keep a log with the name of the person who determined that the vaccine was not available.
- The name of the affiliation of the person providing the vaccine availability information, and the date of contact.

These records will be retained for three years.

**Unavailability of Aerosol Infection Isolation (AII) Rooms**

Records of the unavailability of AII rooms or areas will include:

- The name of the person who determined that an AII room or area was not available.
- The names and the affiliation of person(s) contacted for transfer possibilities, and the date of contact.
- The name and contact information for the local health officer providing assistance, and the times and dates of these contacts.

This record, which will not contain the patient's individually identifiable medical information, will be retained for three years.

**Decisions Not to Transfer Patient**

Records of the decisions not to transfer a patient to another facility for Airborne Infection Isolation for medical reasons will be documented in the patient's chart, and a summary will be provided to the Program 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 will not contain a patient's individually identifiable medical information, will be retained for three years.

This form and its attachment(s), if any, such as medical records shall be filed in workforce member's EHS medical file. All medical records of workforce member are confidential in accordance with federal, state and regulatory requirements.

DHS-EHS will obtain the workforce member's written consent before using or disclosing medical information, include to self, unless the disclosure is required by State or Federal law such as to a public health authority or governmental regulatory agency. An agency such as Cal/OSHA will need to provide a written order to access medical records with personally identifiable information. That written order will need to be posted at the facility upon such request. 8CCR §3204(e)(3)

**A COPY OF THE AEROSOL TRANSMISSIBLE DISEASE STANDARD CAN BE OBTAINED AT**
**http://www.dir.ca.gov/title8/5199.html**

**Attachment C**
Job Classifications and Assignments with Potential Exposure

| List 1 – Job Classifications, not limited to |
|---|
| Physicians |
| Nurses |
| Environmental Services |
| Laboratory/phlebotomy |
| Radiology |
| Dietary |
| Social Services |
| Educational Staff |
| Mental Health Staff |
| Probation Department Staff |

| List 2 – High Hazard Procedures, not limited to |
|---|
| Cardiopulmonary Resuscitation |
| Nebulized Medication Treatments |
| Aerosol Generating Dental Procedures |
| Sputum Induction |
| Nasopharyngeal Swabbing for PCR Testing |
| Nonviolent Crisis Intervention |

| List 3 – Assignments/Tasks Requiring PPE, not limit to |
|---|
| Exposure to air contaminated with harmful dusts, fogs, fumes, mists, gases, smokes, sprays, or vapors |
| Transporting patients |
| Cleaning rooms/disinfecting equipment |
| Conducting physical assessments/providing patient therapy |
| Handling blood and bodily fluids that may result in a splash or spray |
| Handling food |
| Assignment that involves possible exposure to a suspected, probable, or confirmed case of an ATD |
| Assignment that involves any high hazard procedures |
| Entering rooms where patients are in quarantine or medical isolation |
| Holding or restraining combative patients in quarantine or medical isolation |
| Doing maintenance/repairs on systems or equipment/construction |
| Any process which generate dust from silica-containing materials, such as concrete, mortars, tile, masonry |

**Attachment D**
Aerosol Transmissible Disease Vaccination Recommendations

| Vaccine | Schedule |
|---|---|
| Influenza | One dose annually |
| Measles | Two doses |
| Mumps | Two doses |
| Rubella | One dose |
| Tetanus, Diphtheria, and Acellular Pertussis (Tdap) | One dose, booster as recommended |
| Varicella zoster (VZV) | Two doses |

Juvenile Court Health Services
LOS ANGELES COUNTY

**ATTACHMENT E**

# AEROSOL TRANSMISSIBLE DISEASE EXPOSURE ANALYSIS

☞ See GENERAL INSTRUCTIONS on Last Page

**EXPOSURE LOG NO.:** _____

## FORM TO BE COMPLETED BY INFECTION CONTROL AND PREVENTION STAFF

| TODAY'S DATE: | NAME OF PERSON REPORTING POSSIBLE EXPOSURE: | CONTACT PHONE NO.: |
|---|---|---|
| DATE OF EXPOSURE: | TIME OF EXPOSURE: ☐ AM / ☐ PM | LOCATION OF EXPOSURE *(Building Location, Work Area/Unit, Room No.)*: |

**EXPOSURE:**

| | | |
|---|---|---|
| ☐ Avian Influenza | ☐ Mumps | ☐ SARS |
| ☐ Hemorrhagic Fevers | ☐ Novel Influenza | ☐ Smallpox |
| ☐ Influenza A H1N1 | ☐ Pertussis | ☐ Tuberculosis (TB) |
| ☐ Meningitis | ☐ Rubella (German measles) | ☐ Varicella (Chicken Pox) |
| ☐ Monkeypox | ☐ Rubeola (Measles) | ☐ Other:_____ |

## SOURCE INFORMATION

| PATIENT LAST NAME: | FIRST, MIDDLE NAME: | DATE OF BIRTH: | MEDICAL RECORD #: |
|---|---|---|---|

| PHYSICIAN/SERVICE: | DIAGNOSIS/REASON FOR ADMISSION, *if applicable*: |
|---|---|

**DESCRIPTION OF THE EXPOSURE INCIDENT:** _____

**OTHER SIGNIFICANT INFORMATION (COUGHING, MDR-Tb, HIV, etc.):**

**DEPARTMENT/SERVICES SOURCE PATIENT HAD UNPROTECTED CONTACT WITH (NOT ON APPROPRIATE ISOLATION):**

| | | | |
|---|---|---|---|
| ☐ Emergency Room | ☐ Pediatric Emergency | ☐ Psych Emergency | ☐ PACU |
| ☐ Respiratory | ☐ Radiology | ☐ OR/Surgery | ☐ Social Services |
| ☐ Nutrition/Dietary | ☐ Environmental Services | ☐ Safety Police | ☐ Bronch |
| ☐ OT/PT/SP | ☐ Laboratory | ☐ GI Lab | ☐ Floor: _____ |
| ☐ Volunteer Office | ☐ Outpatient Clinic: _____ | ☐ Urgent Care | ☐ Other: _____ |

**COMMENTS:** _____

Send this completed form to Employee Health Services (EHS)-by e-mail or fax. Each Service Director or designee must review their patient assignments and instruct exposed Workforce Members (WFMs) to report to EHS. Send the list of exposed WFMs (ATTACHMENT G) to EHS.

## ☞ GENERAL INSTRUCTIONS

Infection Control is to send this form to EHS. Each Service Director or designee must review their patient assignments and instruct exposed WFMs to report to EHS. Send the list of exposed WFMs to EHS.

**A COPY OF THE AEROSOL TRANSMISSIBLE DISEASE STANDARD CAN BE OBTAINED AT http://www.dir.ca.gov/title8/5199.html**

Juvenile Court Health Services
LOS ANGELES COUNTY

See GENERAL INSTRUCTIONS on Last Page

**ATTACHMENT G2**

# AEROSOL TRANSMISSIBLE DISEASE EXPOSURE INCIDENTS

## EMPLOYEE HEALTH SERVICES TO COMPLETE

| ATTACHMENT F- EXPOSURE LOG NO.: |
|---|

| TODAY'S DATE: | DEPARTMENT/SERVICE: | SERVICE DIRECTOR/DESIGNEE: |
|---|---|---|
| DATE OF EXPOSURE: | TIME OF EXPOSURE: ☐ AM / ☐ PM | LOCATION OF EXPOSURE *(Building Location, Work Area/Unit, Room No.)*: |
| TYPE OF EXPOSURE: | | |

**SOURCE INFORMATION**

| PATIENT LAST NAME: | FIRST, MIDDLE NAME: | DATE OF BIRTH: | MEDICAL RECORD #: |
|---|---|---|---|

**OUTSIDE COUNTY NOTIFICATION** ☐ **NOT APPLICABLE**

☐ County notified other employer of exposure ☐ Other employer notified County of exposure

| DATE OF CONTACT: | CONTACT INFORMATION: |
|---|---|

## EMPLOYEE EXPOSURE RECORD

| SERVICE DIRECTOR TO COMPLETE | | | EHS / PLHCP TO COMPLETE | | |
|---|---|---|---|---|---|
| LAST NAME | FIRST, MIDDLE NAME | EMPLOYEE NO. | NAME, JOB TITLE OF EVALUATOR | DATE OF EVALUATION | IDENTITY OF LOCAL HEALTH OFFICER CONSULTANT |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

8 CCR § 5199

Records shall be retained in accordance with 8 CCR § 3204.

CONTINUE ON NEXT PAGE

## GENERAL INSTRUCTIONS

**Exposure Incidents**

- All reportable Aerosol Transmissible Disease (ATD) case or suspected cases will be reported to the local health officer in accordance with Title 17, §2500 and Los Angeles County, Acute Communicable Disease Control, Morbidity Unit (ACDC).
- Each department supervisor or designee will notify the Infection Control Department when they become aware that a workforce member (WFM) may have been exposed to a reportable ATD case or suspected case, or to an exposure incident involving aerosol transmissible pathogens in a laboratory setting (ATP-L). The following tasks shall be done by Infection Control, Employee Health Services or Service Director or designee:

Within a timeframe that is reasonable for the specific disease, but in no case later than 72 hours following after becoming aware of an exposure Infection Prevention and Control (IC & P) conducts an analysis of the exposure scenario **(ATTACHMENT G – ATD Exposure Analysis)** to determine which department / services source patient had unprotected contact with. IP &C provides Attachment F to EHS. EHS contacts the service director or designee to complete **(ATTACHMENT G2 – ATD Exposure Incidents).** Last name, first name and employee # to be completed by service manager or designee- then EHS completes the next 3 columns as needed

- Service director will notify WFM who had significant exposures of the date, time, and nature of the exposure within a timeframe that is reasonable for the specific disease, but in no case later than 96 hours of becoming aware of the potential exposure,
- As soon as feasible, EHS or PLHCP will provide post-exposure health evaluation to all WFMs who had a significant exposure. The evaluation will be conducted by EHS or a PLHCP knowledgeable about the specific disease, including appropriate vaccination, prophylaxis and treatment.
- EHS or the PLHCP shall provide a recommendation and written opinion regarding precautionary removal of the WFM.
- Emergency Department service director notifies employees of outside employers. Those identified shall be notified within a time frame that is reasonable for the specific disease, but in no case later than 72 hours of becoming aware of the exposure incident of the nature, date, and time of the exposure, and will provide the contact information for the diagnosing PLHCP. **The identity of the source patient will not be provided to other employers.**

Records of exposure incidents will be retained and made available as WFM exposure records. These records will include:

- The date of the exposure incident.
- The names, and any other WFM identifiers used in the workplace, or WFMs who were included in the exposure evaluation.
- The disease or pathogen to which WFMs 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.
- The date of contact and contact information for any other employer who either notified the department or was notified by the department regarding potential WFM exposure.

The post –exposure health evaluation form are filed in WFMs EHS health file. All medical records of WFM are confidential in accordance with federal, state and regulatory requirements.

EHS will obtain the WFMs written consent before using or disclosing medical information, include to self, unless the disclosure is required by State or Federal law such as to a public health authority or governmental regulatory agency. An agency such as Cal/OSHA will need to provide a written order to access medical records with personally identifiable information. That written order will need to be posted at the facility upon such request. 8CCR §3204(e)(3)

**Workforce members have the right to access their medical records and obtain a copy, thereof, within fifteen (15) days after the request.**

**A COPY OF THE AEROSOL TRANSMISSIBLE DISEASE STANDARD CAN BE OBTAINED AT http://www.dir.ca.gov/title8/5199.html**

Health Services
LOS ANGELES COUNTY

# WORKFORCE MEMBER
# NOVEL CORONAVIRUS (COVID-19)
# EXPOSURE EVALUATION

**EXPOSURE LOG NO.:**

| | | | | |
|---|---|---|---|---|
| **Last Name:** | **First Name:** | **Birthdate:** | | **Employee#/C#:** |
| **Job Classification:** | **Item:** | **Work Facility:** | **Dept#/PL:** | **Dept/Division:** |
| **Email Address:** | **Contact Phone:** | **Supervisor's Name:** | | |

| **EXPOSURE/CONTACT INFORMATION - Source known positive for COVID-19** | | |
|---|---|---|
| Date/Dates of Exposure: | | |
| When caring for the patient were you wearing a surgical mask? | □ Yes | □ No |
| When caring for the patient were you wearing a N95 respirator? | □ Yes | □ No |
| When caring for the patient were you wearing either a PAPR/CAPR respirator? | □ Yes | □ No |
| When caring for the patient were you wearing eye protection? | □ Yes | □ No |
| Were you performing or in close proximity for procedures that generated aerosols AGP? | | |
| Intubation procedures | □ Yes | □ No |
| Bronchoscopy | □ Yes | □ No |
| High-flow oxygen nasal canula (airflow delivered at 40-60 LPM) | □ Yes | □ No |
| BiPAP/CPAP | □ Yes | □ No |
| Sputum induction | □ Yes | □ No |
| Nebulized treatment | □ Yes | □ No |
| CPR | □ Yes | □ No |
| Other_____ | □ Yes | □ No |
| Did you have direct exposure to droplets from respiratory sections (cough/sneeze) to your mucus membranes? | □ Yes | □ No |

| **HAVE YOU EXPERIENCED ANY OF THE FOLLOWING SYMPTOMS SINCE YOUR EXPOSURE?** | | | | |
|---|---|---|---|---|
| Symptom | Yes | No | Onset Date/Time | Duration of Symptoms |
| Fever | | | | |
| Cough | | | | |
| Sore Throat | | | | |
| Shortness of Breath or Difficulty Breathing | | | | |
| Chills or repeated shaking with chills | | | | |
| Muscle pain | | | | |
| Headache | | | | |
| New loss of taste or smell | | | | |

| **EMPLOYEE SIGNATURE:** | |
|---|---|
| Signature: | Date/Time: |

| **EMPLOYEE HEALTH SERVICES INITIAL VISIT** | |
|---|---|
| Initial Evaluation Date: | Temperature: |
| □ Symptomatic WFM, place mask on WFM, consult with EHS provider. Referred to Primary Care Provider/IA Provider. Remove from work. Testing options include: EHS, personal healthcare provider or community testing | |
| **OR** | |
| □ Asymptomatic WFM, identify risk group below: | |
| □ **High Risk:** exclude from work for 14 days after last exposure, self-monitoring | |
| □ Performed or in close proximity during procedures that generated aerosols, with unprotected eyes | |
| □ Performed or in close proximity during procedures that generated aerosols, with unprotected nose | |
| □ Performed or in close proximity during procedures that generated aerosols, with unprotected mouth | |
| □ Direct exposure to droplets from respiratory sections (cough/sneeze/kissing) to mucus membranes | |
| □ Sharing unwashed utensils/drinking glasses, toothbrushes, etc. | |

Health Services
LOS ANGELES COUNTY

| |
|---|
| □ Co-habituating in same bed |
| □ Instructed to return self-monitoring log to EHS once complete and prior to retuning to work |
| □ **Non-High Risk:** No work restrictions |
| □ WFM used all appropriate PPE with all encounters with source patient |
| □ Wore eye, nose and mouth protection when performed or in close proximity during an AGP |
| □ No direct contact with positive case |
| □ WFM who walked by a patient or who had no direct contact to source secretions/excretions |
| **COMMENTS** |
| |
| |
| |
| |
| |
| |
| |
| **EHS SIGNATURE INITIAL VISIT** |
| Print Name: Signature: Date/Time: |

| **EMPLOYEE HEALTH SERVICES FOLLOW-UP VISIT** | |
|---|---|
| High Risk Final Evaluation Date (14 days post last exposure): | Temperature: |
| □ Workforce member continues to be asymptomatic | |
| □ Workforce member self-monitoring log submitted □No, reason: | |
| □ Workforce member symptomatic, contact EHS provider and referred to Primary Care Provider/IA Provider. Remove from work. | |
| □ Case closed, no evidence of disease | |
| **COMMENTS** | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| **EHS SIGNATURE FINAL VISIT** | |
| Print Name: Signature: Date/Time: | |

| **DEFINITIONS** |
|---|
| **Self- Monitoring** means the WFM will monitor themselves for fever by taking their temperature twice a day and remain alert for covid like symptoms. If WFM develops symptoms, you must notify Employee Health and/or your healthcare provider. Recommend advance notice to your healthcare provider prior to further evaluation. |

| Last Name: | First Name: | Birthdate: | | Employee#/C#: |
|---|---|---|---|---|
| Job Classification: | Item: | Work Facility: | Dept#/PL: | Dept/Division: |
| Email Address: | Work Phone: | Supervisor's Name: | | |

You have been identified to self-monitor for signs and symptoms of respiratory illness. You are responsible for monitoring yourself for symptoms. This tool was developed to assist you with this effort. If you think you have a respiratory infection, stay home, except to get medical care.

- **If your temperature is greater than 100.0°F (37.8°C) and/or you develop a cough with shortness of breath or other signs of illness,** you can either contact Employee Health Services or your healthcare provider

☐ You are required to return this log to Employee Health prior to returning to work

☐ You are not required to return this log to Employee Health

| Day # (from last contact) | 1 | | 2 | | 3 | | 4 | | 5 | | 6 | | 7 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Date | | | | | | | | | | | | | | |
| AM or PM | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM |
| Temperature | | | | | | | | | | | | | | |
| Cough | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N |
| Difficulty breathing/shortness of breath | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N |
| Chills or repeated shaking with chills | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N |
| Muscle pain | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N |
| Headache | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N |
| Sore throat | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N |
| New loss of taste or smell | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N |
| Fever/Pain Reducers [1] | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N |

Take your temperature daily and write it down. Mark if you have any of the symptoms: circle 'Y' for Yes and 'N' for No. **Don't leave any spaces blank**. If you have a fever or any symptom, immediately call either Employee Health or your healthcare provider.

| Day # (from last contact) | 8 | | 9 | | 10 | | 11 | | 12 | | 13 | | 14 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | | | |
| Date | | | | | | | | | | | | | | |
| AM or PM | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM |
| Temperature | | | | | | | | | | | | | | |
| Cough | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N |
| Difficulty breathing/shortness of breath | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N |
| Chills or repeated shaking with chills | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N |
| Muscle pain | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N |
| Headache | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N |
| Sore throat | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N |
| New loss of taste or smell | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N |
| Fever/Pain Reducers [1] | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N |

COMMENTS:_____
_____

For any questions or concerns contact your Employee Health Representative at _____.

1: Aspirin, Tylenol® (acetaminophen), or MOTRIN® (ibuprofen). If Yes, please indicate medication in Additional Notes section

B2

Health Services
LOS ANGELES COUNTY

**CONFIDENTIAL**

**EMPLOYEE HEALTH SERVICES**
**TUBERCULOSIS EXPOSURE EVALUATION**

| LAST NAME | FIRST, MIDDLE NAME | BIRTHDATE | EMPLOYEE NO. | JOB CLASSIFICATION | WORK PHONE NO |
|---|---|---|---|---|---|
| | | | | | |
| **WORK FACILITY** | **SUPERVISOR NAME** | **SOURCE INITALS** | **SOURCE MR#** | **EXPOSURE AREA** | **DATE OF EXPOSURE** |
| | | | | | |

**WORKFORCE MEMBER TO COMPLETE**

## INITIAL EVALUATION — DATE:

**TUBERCULOSIS SYSTEM REVIEW** – Check any of the following conditions you have had since your last health evaluation

| | |
|---|---|
| ☐ YES ☐NO | 1. Cough lasting more than 3 weeks |
| ☐ YES ☐NO | 2. Coughing up blood |
| ☐ YES ☐NO | 3. Unexplained/Unintended weight loss (> 5 lbs) |
| ☐ YES ☐NO | 4. Night sweats (not related to menopause) |
| ☐ YES ☐NO | 5. Fever/chills |
| ☐ YES ☐NO | 6. Excessive sputum |
| ☐ YES ☐NO | 7. Excessive fatigue/malaise |
| ☐ YES ☐NO | 8. Recent close contact with a person with TB |
| ☐ YES ☐NO | 9. Chronic immunosuppression (including transplant recipient, persons on prolonged corticosteroid therapy) |
| ☐ YES ☐NO | 10. Uncontrolled diabetes mellitus |
| ☐ YES ☐NO | 11. HIV/AIDS |

Note: HIV infection and other medical condition may cause Tuberculin skin test to be negative even when TB infection is present.

| WORKFORCE MEMBER SIGNATURE | DATE |
|---|---|
| | |

**EMPLOYEE HEALTH TO COMPLETE**

## TUBERCULIN SKIN TEST RECORD

0.1 ml of 5 tuberculin units (TU) purified protein derivative (PPD) antigen intradermal

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 1 | MANUFACTURER | | LOT # | | EXP | | |
| | DATE PLACED | ADM BY | SITE | DATE READ | READ BY | RESULT mm | |
| 2 | MANUFACTURER | | LOT # | | EXP | | |
| | DATE PLACED | ADM BY | SITE | DATE READ | READ BY | RESULTS mm | |

| | | | |
|---|---|---|---|
| ☐ | Previous Negative TST/IGRA | DATE | RESULT |
| ☐ | Previous Positive TST/IGRA | DATE | RESULT |
| ☐ | CXR ☐positive s/s ☐conversion ☐immunocompromised/other high risk for TB | | |
| | DATE | RESULT | |
| ☐ | R/O Active Disease, removed from assignment referred to work comp | | |
| ☐ | Workforce Member instructed to follow-up for 8-10 weeks evaluation or if (+) s/s of TB | | |

COMMENTS

| EMPLOYEE HEALTH SIGNATURE/TITLE | DATE | TIME |
|---|---|---|
| | | |

Rev 10/2013

**WORKFORCE MEMBER TO COMPLETE**

## 8-10 WEEK FOLLOW-UP EVALUATION — DATE:

**TUBERCULOSIS SYSTEM REVIEW** – Check any of the following conditions you have had since your last health evaluation

| | |
|---|---|
| ☐ YES ☐NO | 1. Cough lasting more than 3 weeks |
| ☐ YES ☐NO | 2. Coughing up blood |
| ☐ YES ☐NO | 3. Unexplained/Unintended weight loss (> 5 lbs) |
| ☐ YES ☐NO | 4. Night sweats (not related to menopause) |
| ☐ YES ☐NO | 5. Fever/chills |
| ☐ YES ☐NO | 6. Excessive sputum |
| ☐ YES ☐NO | 7. Excessive fatigue/malaise |
| ☐ YES ☐NO | 8. Recent close contact with a person with TB |
| ☐ YES ☐NO | 9. Chronic immunosuppression (including transplant recipient, persons on prolonged corticosteroid therapy) |
| ☐ YES ☐NO | 10. Uncontrolled diabetes mellitus |
| ☐ YES ☐NO | 11. HIV/AIDS |

Note: HIV infection and other medical condition may cause Tuberculin skin test to be negative even when TB infection is present.

| WORKFORCE MEMBER SIGNATURE | DATE |
|---|---|
| | |

**EMPLOYEE HEALTH TO COMPLETE**

## TUBERCULIN SKIN TEST RECORD

0.1 ml of 5 tuberculin units (TU) purified protein derivative (PPD) antigen intradermal

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 1 | MANUFACTURER | | LOT # | | EXP | | |
| | DATE PLACED | ADM BY | SITE | DATE READ | READ BY | RESULTS mm | |
| 2 | MANUFACTURER | | LOT # | | EXP | | |
| | DATE PLACED | ADM BY | SITE | DATE READ | READ BY | RESULTS mm | |

| | | | |
|---|---|---|---|
| ☐ | Previous Negative TST/IGRA | DATE | RESULT |
| ☐ | Previous Positive TST/IGRA | DATE | RESULT |
| ☐ | CXR ☐positive s/s ☐conversion ☐immunocompromised/other high risk for TB | | |
| | DATE | RESULT | |
| ☐ | R/O Active Disease, removed from assignment and referred to work comp | | |
| ☐ | No changes in TB s/s or high risk factors at 3 month follow up ☐Case closed | | |

COMMENTS

| EMPLOYEE HEALTH SIGNATURE | DATE | TIME |
|---|---|---|
| | | |