SUBJECT: Airborne Transmissible Disease Control Plan	Policy No.: IC700 Revision Date: 05/2021 Reviewed: 04/2021 Page: Page 1 of 21

I. Purpose

To limit the risk of transmission of aerosol transmissible diseases and pathogens by providing guidelines for the identification and isolation of patients with suspected or diagnosed aerosol transmissible diseases including SARS CoV-2 as defined by Airborne transmissible Disease Standard (ATD) as defined by the California Occupational Safety and Health Standards Board (Cal/OSHA) (see Appendix A).

II. Policy

It is the policy of Rancho Los Amigos National Rehabilitation Center to provide care to patients with aerosol transmissible diseases in a manner that minimizes the risk of transmission to staff, patients, and visitors. Early diagnosis, timely and effective treatment, environmental controls, the use of respiratory protection, a comprehensive healthcare worker surveillance program, effective use of administrative work practice, and engineering controls are the keys to this policy.

The Aerosol Transmissible Disease Plan is intended to serve as the guidance document for preventing healthcare-associated transmission of aerosol transmissible diseases. This policy and the policies and procedures referenced in this document are consistent with the current recommendations from the Centers for Disease Control and Prevention and the requirements of California OSHA and California Department of Public Health.

This plan is made available to all employees upon hire. A copy is maintained in the Infection Prevention and Control Manual and is reviewed with all employees on hire and at least annually as part of the annual update. The Plan will be reviewed at least annually by the Hospital Infection Prevention and Control Committee (HIC) and revised as necessary. Rancho Los Amigos National Rehabilitation Center Administration will ensure compliance with this Plan.

III. Scope: 5199 ATD (a)

The policies and procedures outlined in the Aerosol Transmissible Disease Plan (ATD) are applicable to all Rancho Los Amigos National

Rehabilitation Center healthcare workers with potential for contact with patients who may be infected with any ATD listed in Appendix A.

The Biosafety Plan (BSP) complies with the Cal/OSHA ATD Standards and is managed and maintained by the Laboratory.

IV. Program Administration: 5199 ATD (c)

Rancho Los Amigos National Rehabilitation Center Administration has designated the Infection Prevention and Control Director as the administrator of this Plan, under the authority and direction of the Medical Director of Infection Prevention and Control and the Hospital Infection Prevention and Control Committee. However, the prevention and control of infections is a shared responsibility among all clinical and non-clinical individuals in the hospital.

A. The Infection Prevention and Control Director shall be responsible for the establishment, implementation, and maintenance of written Infection Prevention and Control procedures to control the risk of transmission of aerosol transmissible diseases. In the absence of the Infection Prevention and Control Director, another qualified Practitioner from the Infection Prevention and Control Department will be designated.

B. The Biological Safety Officer, Bernard Lim, shall be responsible for the establishment and implementation of effective control measures for laboratory biological hazards.

C. All healthcare workers are responsible for the use of Standard Precautions and other Infection Prevention and Control policies and procedures to minimize the risk of exposure to patients' blood, body fluids, tissue, and excretions.

D. Medical Staff: Physicians hold the primary responsibility for the early identification of airborne transmissible disease cases, prompt isolation of patients, and administration of appropriate therapy.

E. Biological Safety Officer: Authorized to establish and implement effective control measures for laboratory biological hazards.

F. Employee Health Services (EHS): EHS will be responsible for healthcare worker ATD surveillance, record keeping, medical evaluation and preventive therapy (including vaccination), exposure incident evaluation and follow-up, and respiratory medical clearance for respirator use.

G. Nursing is responsible for instituting appropriate Infection Prevention and Control precautions, based on identified signs and symptoms, whenever an ATD is suspected.

H. Facilities Department: Facilities is responsible for maintenance, testing, and documentation of the environmental controls relating to airborne isolation rooms.

I. Department Managers / Directors are responsible for monitoring healthcare workers for compliance with the ATD Exposure Control Plan.

J. The Hospital Infection Prevention and Control Committee is responsible for the review and approval of the policies for control and management of the suspected and confirmed infectious cases of ATDs.

K. Assessment of hospital adherence to the Exposure Control Plans shall be performed at least annually and whenever an increase in healthcare worker exposures is identified. The assessment shall be conducted by Infection Prevention and Control, Employee Health, and Hospital Infection Prevention and Control Committee.

L. The assessment of staff adherence to the policies of the Exposure Control Plans will be part of the employee evaluation process. This assessment will be performed at least annually and whenever an individual or department is identified as having an increase in exposure incidents. The department heads are responsible for this assessment, with input from Employee Health.

M. Staff Development, Safety, Employee Health, and Infection Prevention and Control are responsible for providing employee education on airborne transmissible diseases.

N. Healthcare Workers Exposure Risk Determination: 5199 ATD (d)

The following are job classifications in which healthcare workers have the potential for occupational exposure to aerosol transmissible diseases as listed in appendix A. These healthcare workers perform high risk procedures to wear Personal Protective Equipment (PPE) in addition to N95 respiratory mask that is fit tested by Employee Health Service.

- Category I: The following list identifies the job classification in which most healthcare workers have risk of occupational exposure.

  Nursing Personnel

  Physicians, Residents, Medical Students, Nurse Practitioners, Physician Assistants

  Laboratory Personnel

  Respiratory Care Personnel

  Environmental Services Personnel

  Radiology/Nuclear Medicine Personnel

  Electrodiagnostic

  Rehab Therapy Personnel

- Category II: The following list identifies the job classifications in which some healthcare workers have risk of occupational exposure.

  Facilities Personnel (Maintenance, Biomedical)

  Transport Personnel

  Unit Secretaries/Clerks/Admitting Personnel

  Dietitians/Dietary Workers

  Chaplains

  Social Workers/Case Management

  Security

  Volunteers

High Hazard Procedures

High hazard procedures are procedures performed on an ATD case or suspected case where the potential for being exposed to an aerosol transmissible pathogen (ATP) is increased due to the reasonably anticipated generation of aerosolized pathogens. A procedure is also considered high hazard if generation of aerosolized pathogen is reasonably anticipated when performed on a laboratory specimen suspected of containing an aerosol transmissible pathogen-laboratory (ATP-L).

High Hazard Procedure	Job Classification & Operations With Exposure
Sputum Induction	Respiratory Therapist
Bronchoscopy	Physician
Aerosolized administration of pentamidine and other medication	Respiratory Therapist
Pulmonary Function Testing	Physician, Tech
Autopsy, clinical, surgical and laboratory procedure that may aerosolized pathogen	Physician, Lab Personnel

Work Practice Controls for Each Operation/ Work Area with Occupational Exposure including Source Control

The RLANRC operation uses all feasible work, practice controls to prevent or minimize employee exposure to contact, droplet and airborne transmissible diseases. The following document " Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings" (https://www.cdc.gov/infectioncontrol/pdf/guidelines/isolation-guidelines-H.pdf) and Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care,2005 (https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5417a1.htm) will be followed.

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 (https://www.cdc.gov/flu/professionals/infectioncontrol/resphygiene.htm).

These include:
1. Visual Alerts

Visual alerts instruct patients and caregivers who accompany them to inform healthcare personnel of respiratory symptoms during encounter and to practice Respiratory Hygiene/Cough Etiquette. The following visual alerts (in appropriate languages) have been posted at the following locations; Entrances to hospital ,clinics, ancillary departments, offices and exam rooms as appropriate.

- Notices to Patients to Report Flu Symptoms

  https://www.cdc.gov/flu/symptoms/index.html

- Cover Your Cough (Tips to prevent the spread of germs from coughing)

- Information about Personal Protective Equipment

  (Demonstrates the sequences for donning and doffing of personal protective equipment)

2. Respiratory Etiquette

The following measures should be observed with an individual that exhibits signs and symptoms of 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.

Adequate materials for patients and visitors to adhere to Respiratory Etiquette shall be provided in waiting areas, including tissues, no touch

receptacles for tissue disposal, and conveniently located dispensers of alcohol-based hand rub;

Where sinks are available, supplies for hand washing, including soap and disposable towels shall be consistently available.

3. Masking and Separating Individuals with respiratory symptoms

With high community rate of respiratory infection, procedure mask or surgical mask shall be provided to the individual that are coughing or sneezing and asked to wear during the hospital visit.

Patients that are suspect or confirmed having ATD will stay in a private room with doors closed in the Clinic or in the Airborne Isolation room if admitted and will be required to wear surgical mask during patient care.

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 eye protection, when there is a risk of blood or bloody fluid exposure.

Droplet Precautions

All healthcare workers, including family/ visitors must wear surgical mask during patient care with confirmed or suspect respiratory illness.

Pathogens and Illnesses requiring Droplet Precautions:

Diptheria Pharyngeal
Epiglotittis (Haemophilus influenza type B)
Group A streptococcus
Meningococcal disease
Meningitis (Haemophilus influenza type B)
Influenza
Mumps
Mycoplasma pneumonia
Fifth disease/ erythema infectiosum (parvovirus B19)
Pertusis / Whooping cough

Pharyngitis in infants and young children (adenovirus, Group A streptococcus , H influenza type B, orthomyxoviruses, herpes simplex virus, Epstein-Barr virus
Pneumonia
Adenovirus
Chlamydia pneumonia
Mycoplasma pneumonia
Streptococcus Group A
Pneumonic plague
Rubella
Scarlet fever
Viral hemorrhagic fevers
Other diseases recommended by CDC and CDPH that requires droplet isolation

Airborne Precautions

Appropriate placement of patients requiring airborne infection precautions include cases or suspected cases of Tuberculosis (TB), Measles, SARS, Monkey Pox, Small Pox, Chicken Pox (Varicella).

Health care workers are required to wear N95 mask. Patient to wear surgical mask during patient care or when leaving the room when necessary for medical treatment or diagnostic procedure.

For novel or unknown Aerosol Transmissible Diseases, the patient will be placed on Airborne Precautions.

Pathogens and illnesses requiring Airborne Precautions
Chicken pox (Varicella Zoster)
Herpes Zoster in immunocompromised patients and in patients with disseminated zoster
Novel or unknown pathogens
Avian influena; Avian Influena A virus
Measles (Rubeola)
Monkeypox
Small Pox
SARS
Tuberculosis

Special Precautions

All patients suspected or confirmed with COVID-19 should be placed in an Airborne Isolation room immediately if available.

Door to remain closed at all times and only be opened when entering and exiting the room. Patient to remain inside the room unless escorted by a staff for surgery or diagnostic procedure.

"Special Precaution sign" is posted outside the room.

The PPE to be used are eye protection Goggles or face shield), gloves, gown and N95 or PAPR when entering the room.

Patient should wear a surgical mask during patient care or therapy at all times if able to tolerate.

Perform hand hygiene before and after patient care.

Patient Instructions

Wear surgical mask during patient care or therapy.

Remain in the room unless escorted out by a staff member for diagnostic, medical or surgical procedure.

Environment

1. Only EPA and hospital approved products will be used in cleaning and disinfecting of rooms and areas with suspected or confirmed Aerosol Transmissible Disease.
2. All EVS and Servicon personnel assigned cleaning the room should have received appropriate training in cleaning and disinfecting ATD, proper use of PPE and isolation precaution.

3. Follow DHS Cleaning Policy (New Normal) and Disinfection and Safety Plan for COVID-19

Patient Care Areas

Non-Patient Care Areas/Administrative Buildings

If more than 7 days since the person who is COVID-19 positive visited or used the area, no additional cleaning and disinfection would be performed.

The following COVID-19 additional cleaning procedures are followed for non-patient care areas used by COVID-19 positive individual during infectious period and it is 7 days or less since the person visited or used the area:

1. If feasible, close off areas used by the COVID19 positive individual temporarily until cleaning is completed.

2. If available and feasible, open outside doors and windows to increase air flow and circulation in the area. Alternatively, increase the HVAC system's percentage of outdoor air if feasible.

3. If feasible, wait 24 hours before cleaning. Otherwise, wait as long as possible.

4. Individuals who perform the cleaning process will wear proper personal protective equipment and respiratory protection.

5. Use EPA-approved germicidal solutions for buckets used to clean floors or other large surfaces.

6. High dust all horizontal surfaces above shoulders.

7. Dust all horizontal surfaces, window seals and equipment.

8. Use DHS-approved germicidal wipes to sanitize and disinfect all high touch surfaces, such as microwave buttons/handle, keyboard, mouse, telephone, doorknobs, keyboard, tray, chair arms and desk. Keep surface wet with the disinfectant for the contact/dwell time needed as indicated on the product label or listed on the DHS document titled Germicidal Wipes approved by DHS.

9. Spot clean all vertical surfaces, including walls, doors, window blinds, etc.

10. Dust mop the floor if not carpeted. Then, damp mop the floor.

11. For carpet, vacuum the floor with vacuum equipped with High Efficiency Particulate Air (HEPA) filter and bags, if available.

a. Vacuum the area only when area had been vacated.

For non-patient care cares/administrative buildings, the following safety measures are implemented:

1. Provide medical masks to all DHS workforce members; and mandate that medical masks should be worn at all times.
2. Remind workforce members to wash hands frequently.
3. Provide alcohol-based hand sanitizers for areas where soap and water are not available.
4. Encourage workforce members to maintain social distancing (at least 6-ft apart).
5. Provide Alcohol based wipes (or equivalent alternative) for cleaning work areas.

Engineering Control

Patients will remain on Airborne isolation in a negative pressure room until cleared by Infection Control, Infectious Disease specialist or Attending Provider.

Unit	Negative Pressure Isolation Room
3 West	13039 Rm 6
3 West	13041 Rm 7
PACU	2036

Negative pressure isolation rooms 13039 and 13041 have alarms in place that notifies staff if out of range. Quality control and maintenance is done by Facilities Management.

All personnel entering the isolation room is required to wear N 95 mask. Wear gloves, gown and eye protection if required for care. Visitors will need to check with the Nurse prior to entering a negative pressure isolation room.

Employee Health Services manages Respirator test fitting for the N 95 mask.

Place a surgical mask on the patient if transporting outside the room. Notify the receiving area prior to transport to observe airborne isolation precautions.

Specimens for AFB smear and culture are sent out and processed to an outside laboratory.

Powered Air Purifying Respirators

I. Purpose

Usage of a PAPR is to protect the healthcare worker (HCW) during performance of daily care from bacterial and/or viral contamination; and/or during high-hazard procedures on a patient with a suspected or confirmed Aerosol Transmissible Disease (ATD). A powered air-purifying respirator (PAPR) will be worn by the HCW if a N95 respirator is not available; HCW is not a candidate for fit testing; or fit testing was not successful.

The PAPR is not intended for use during sterile procedures, such as in the OR, Cardiac Cath Lab, Interventional Radiology or other sterile procedure areas. The PAPR air exhaust from the wearer is unfiltered and does not protect the patient from transmission of airborne pathogens or hair or skin cells from the wearer of the PAPR.

II. Policy

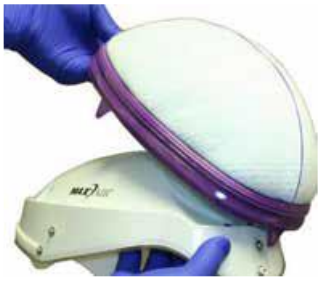
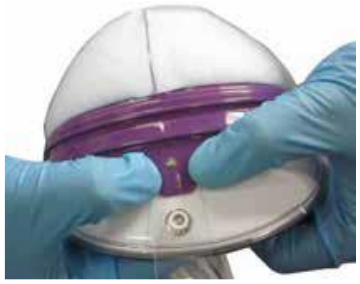
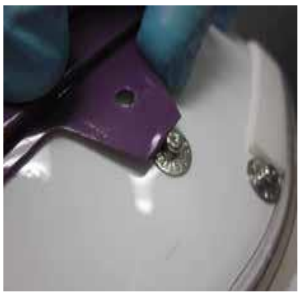
Powered air-purifying respirators (PAPRs) will be available for all HCW during high risk aerosol generating procedures. The type of PAPR currently used at this facility is the MAXAIR PAPR System.

III. Procedure

All HCWs who require a PAPR for respiratory protection will receive initial respiratory protection training, including procedures for assembly, cleaning/disinfection and storage of the PAPR. PAPR wearers still need full annual respiratory protection training. Additional training will be provided to the HCW as needed.

1. Proper assembly and donning/doffing procedure for the MAXAIR PAPR:
    a. Perform hand hygiene using soap and water or alcohol hand sanitizing agent as appropriate.

b. Inspect components of the PAPR, including the HE Filter, before use to ensure there are no tears or breaks.
c. Hold the Helmet upright with one hand; with the other hand align the Filter Cartridge with the Helmet rear upper snap.
d. Rear Snap: Snap and secure the Filter Cartridge rear tab in place onto the Helmet rear upper snap.
e. Center and lift the left and right side Filter Cartridge snap tabs such that they sit on top of the Helmet side upper snaps.
f. Using the front top step of the Filter Cartridge retainer ring, firmly push the Filter Cartridge down towards the Helmet front alignment post
g. Similarly press the Filter Cartridge ring down on each side so the side tabs are in line with the Helmet side upper snaps.
h. Snap and secure each Filter Cartridge side snap tab on to each respective Helmet side upper snap

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i. Obtain a fully charged battery.(Charger LED should be green after battery is connected to charger for more than 10 seconds.)

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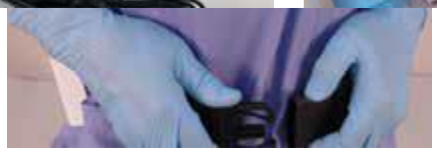
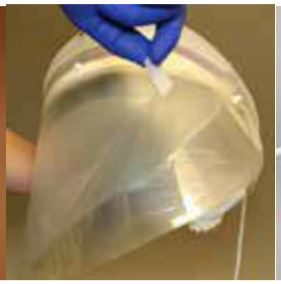


j. Assemble the battery onto the belt. Place the top edge of the Belt under the Battery Clip. Move the Belt fully under and up to the top of the Clip.


k. Connect the Helmet Power Cord to the Battery. Push the Power Cord Connector into the Battery Receptacle until the Secure Connection audibly clicks.


L. Hold the Helmet by the rear headband in one hand, pull the front top edge of the DLC Cuff down, and place your chin into the DLC Cuff. Then, pull the Helmet over and down on to your head.

M. Position the Helmet so that the front headband is within ½ inch of the eyebrows and the rear headband is resting under the occipital bone above the vertebrae on the neck,and then tighten the Adjustment Knob clockwise to ensure the most secure fit of the helmet on the head for all activities. Do not over tighten to cause discomfort.

i. Don gloves and other personal protective equipment (PPE).

j. HCW enters room to deliver care.

Doff the System

a.With the System mounted on head, remove the DLC from the Helmet. Dispose the DLC according to your institution's protocol for contaminated waste.
b. Loosen the rear Headband Adjustment Knob by turning it counterclockwise
c. Hold the front top of the Helmet in one hand and with the other hand on the Adjustment Knob; lift the Helmet up and off the head.

2. Instructions when exiting the room

a. Remove PPEs and perform hand hygiene.
b. Don clean gloves and remove the PAPR.
c. Helmet Cleaning/Disinfection: Wipe outside surface of the lens and filter cover and all other exposed parts (i.e. battery including power cord and belt) with hospital-approved bleach wipes or alcohol wipes, as appropriate. Allow PAPR and parts to air dry.

d. Store the cleaned PAPR in a plastic bag with a tag indicating date when the PAPR was cleaned. Keep the assigned PAPR in a clean, secured area, readily available for use on next patient.

3. **At the end of the shift, caregiver must return the PAPR to Respiratory Therapy (RT) for cleaning/disinfecting and storage:**
   Note: For those areas with specific PAPR equipment's designated for their use, follow departmental procedure on returning PAPR.
   a. Perform hand hygiene and don gloves.
   b. Remove sweatband and cuff and dispose of accordingly.
   c. Helmet Cleaning/Disinfection: Wipe outside surface of the lens and filter cover and all other exposed parts (i.e. battery including power cord and belt) with hospital-approved bleach or alcohol wipes, as appropriate. Allow PAPR and parts to air dry.
   d. Replace sweatband and assemble a new disposable cuff to the lens.
   e. Inspect components of the PAPR, including the HE filter, to ensure there are no tears, breaks, or contamination.
   f. Battery should be placed on charger and charged until the red light turns green.
   g. Filters should be changed when breathing resistance increases or the filter becomes damaged or exposed to blood or bodily fluids.

4. **PAPR battery**
   a. The Lithium-Ion battery provides up to 10 hours of continued use.
   b. Batteries will be changed / charged after the end of each shift when in use.
   c. Power supply power cord should be attached to the charger, and then must be plugged into the wall outlet.
   d. Confirm the green light on the power supply is illuminated prior to plugging the unit into the battery.
   e. Once the green light is illuminated, plug the charger cord into the battery to initiate charging.

5. **Equipment Storage and Maintenance**
   a. Equipment will be stored assembled and ready for immediate use.
   b. Batteries will be inspected daily, and recharged as needed.
   c. HE Filters will be inspected by the HCW before each use.
   d. Filter of the PAPR must be replaced when the yellow LED light is illuminated or at a time interval determined by the Safety

Department and Infection Control. Yellow light indicates that the filter is soiled or challenged with particulate matter and should be replaced.

e. In between use, PAPRs are to be cleaned and kept secured and batteries will be charged at the end of each shift.
f. For PAPRs and equipment that is stored in Respiratory Therapy: RT staff is responsible for cleaning the equipment, reassembling, and storing the units after the PAPRs are no longer in use.

6. Traffic Control

a. If the patient is assigned to an Airborne Infection Isolation Room (AIIR), the door to the room will remain closed at all times to maintain negative pressure and avoid disruption of air flow.
b. Nursing has the authority and responsibility to limit visitors and guests as needed for patient, visitors and employee safety.
c. All visitors entering the AIIRs will be required to wear a mask.
d. Only HCW are permitted to don a PAPR. PAPRs are not for visitor or patient use.

7. Discontinuation of PAPR Use

Providers may discontinue airborne precautions where PAPR use would no longer be required.

IV. Workplace Safety

A. Be sure PAPR is turned off and disconnected from power before cleaning with wipes or any liquid material.
B. Do not immerse helmet in water or any liquid as it may damage the fan module.
C. Do not use solvents to clean the helmet as it may deface the PAPR material.
D. PAPRs are not intended for use in atmospheres deemed immediately dangerous to life or health (IDLH).
E. PAPRs do not produce oxygen; therefore, do not use PAPRs in atmospheres containing less than 19% oxygen.
F. Pay attention to the status lights of the PAPR. Damaged and worn filters must be replaced immediately to ensure adequate protection for the user.

V. Post Exposure Management

I. Definiton

A. An Exposure Incident is defined as an event in which a patient or employee sustains a substantial exposure to an ATD case without the benefit of all applicable and required control measures (i.e. respiratory protection, isolation, treatment). It reasonably appears from the circumstances of the exposure that transmission of disease is sufficiently likely to require medical evaluation.

B. The following factors should be considered in determining an event involving a substantial exposure incident:

-Infectiousness of the source
-proximity of individual from the source
-duration of exposure
-any personal protective equipment used during exposure

C. Infection Prevention and Control and Employee Health Service Department are to be consulted for determination of an exposure incident.

D. Exposed employees will be notified through county email and text messages after determination of Supervisor or designee. Employee to complete exposure questionnaire via Persinda.

E. Employee Health Services will monitor employee compliance to the notification and determines if any post exposure medical evaluation is needed.

F. Reportable Aerosol Transmissible Disease (RATD) will be reported to Los Angeles Public Health in accordance to Title 17.

V. <u>Training: 5199 ATD (i)</u>

A. Training is provided to all employees with occupational exposure at the time of initial assignment and annually, and when any significant changes to the plan are made.

B. Training material will be appropriate in content and vocabulary to the education level, literacy and language of the employee.

C. The program must contain the following:

1. An accessible copy of the regulation, available online at: www.dir.ca.gov/Title8/5199.html
2. A general explanation of ATDs with signs and symptoms that would require further medical evaluation.
3. An explanation of the modes of transmission of ATPs and control procedures.
4. An explanation of the ATD Plan, how to give input and how to obtain a copy.
5. How to recognize tasks and other activities that may put them at risk.
6. Appropriate engineering, work practice controls, decontamination and disinfection procedures, and personal and respiratory equipment use and limitations.
7. Selection, use and care of personal protective equipment.
8. Information on vaccines.
9. What to do in case of an exposure.
10. Information on the hospital's surge plan.
11. An opportunity for interactive questions answered within 24 hours.

VI. References

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http://www.aha.org/aha/letter/2009/090915-let-bentley-howard.pdf

B. California Association of Health Facilities, Model Respiratory Protection Program, November, 2008.
http://www.cahfdownload.com/cahf/dpp/CAHF_ModelRespiratoryProtectionProgram.pdf

C. California Code of Regulations, Title 8. Industrial Relations, Division 1. Department of Industrial Relations, Chapter 4. Division of Industrial Safety, Subchapter 7. General Industry Safety Orders, Group 16. Control of Hazardous Substances, Article 109. Hazardous Substances and Processes, Section 5199. Aerosol Transmissible Diseases/Pathogens
www.dir.ca.gov/Title8/5199.html

D. California Code of Regulations, Title 8. Industrial Relations, Division 1. Department of Industrial Relations, Chapter 4. Division of Industrial Safety, Subchapter 7. General Industry Safety Orders, Group 16. Control of Hazardous Substances, Article 107. Dusts, Fumes, Mists, Vapors and Gases, Section 5144. Respiratory Protection
http://www.dir.ca.gov/Title8/5144.html

Appendix A. Fit Testing Procedure
http://www.dir.ca.gov/Title8/5144a.html

Appendix C. Respirator Medical Evaluation Questionnaire
http://www.dir.ca.gov/Title8/5144c.html

E. California Department of Health Services

F. Centers for Disease Control and Prevention, 2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings
http://www.cdc.gov/ncidod/dhqp/pdf/guidelines/Isolation2007.pdf

G. Centers for Disease Control and Prevention, Guideline for Preventing the Transmission of *Mycobacterium tuberculosis* in Health-Care Settings, 2005
http://www.cdc.gov/mmwr/PDF/rr/rr5417.pdf

H. Loeb, Mark, MD, MSc, et al. Surgical Mask vs N95 Respirator for Preventing Influenza Among Health Care Workers, JAMA. 2009; 302 (17): (doi:10.1001/jama.2009.1466).
http://jama.ama-assn.org/cgi/content/full/2009.1466

I. SHEA, APIC, IDSA, letter to Kathleen Sebelius, Secretary US-DHHS, dated September 16, 2009. http://www.apic.org/Content/NavigationMenu/GovernmentAdvocacy/PublicPolicyLibrary/Sebelius_PPE_091609_FINAL.pdf

J. SHEA, APIC, ACOEM, and IDSA Joint Position Statement: Healthcare Personnel at High-Risk for Severe Influenza Illness: Care of Patients with Suspected or Confirmed Novel H1N1 Influenza A, August 11, 2009 http://www.apic.org/Content/NavigationMenu/GovernmentAdvocacy/PublicPolicyLibrary/FINAL_Joint_SHEA_APIC_IDSA_ACOEM_Position_Statement_High_Risk_HCW.pdf

K. DHS Policy No. 925.100 Immunization of Workforce Members

L. MaxAir PAPR: www.maxair-systems.com