

HARBOR-UCLA MEDICAL CENTER

SUBJECT: AEROSOL TRANSMISSIBLE DISEASE EXPOSURE CONTROL PLAN

POLICY NO. 406B

PURPOSE:

The Harbor-UCLA Medical Center Aerosol Transmissible Disease Exposure Control Plan (the ATD Plan) is designed to identify:

- Person(s) with authority and responsibility to implement the 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.
- Engineering, work-practice controls and personal protective equipment (including respiratory protection devices), to limit/prevent exposure to aerosol transmissible disease.
- Training and recordkeeping responsibilities.

POLICY:

Harbor-UCLA Medical Center shall provide its staff with a safe and healthy work environment with regard to aerosol transmissible diseases in accordance with the requirements contained in Title 8, California Code of Regulations, Section 5199 (8CCR§5199).

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

SCOPE:

The scope of this policy encompasses:

- Harbor-UCLA Medical Center and its affiliated off-campus clinics, herein referred to Harbor-UCLA.
- All staff who have -- or potentially have -- occupational exposure to aerosol transmissible disease(s).

The Plan is available for staff to review during regular business hours. A copy of the program is available for review on Harbor-UCLA’s intranet site.

EFFECTIVE DATE: 2/3/11

SUPERSEDES:

REVISED: 2/15, 8/18

REVIEWED: 2/15, 7/15, 8/18

REVIEWED COMMITTEE: Infection Prevention & Control Committee

APPROVED BY: _____

Kim McKenzie, RN, MSN, CPHQ
Chief Executive Officer

Anish Mahajan, MD
Chief Medical Officer

Patricia Soltero Sanchez, RN, BSN, MAOM
Chief Nursing Officer

Signature(s) on File.

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DEFINITIONS:

- **Aerosol transmissible disease (ATD):** 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):** 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**).
- **Aerosol transmissible pathogen/laboratory (ATP/L):** A pathogen that meets one of the following criteria:
 1. Is on the State regulation's list of Mandatory Aerosol Transmissible Pathogen/Laboratory (**Attachment B**).
 2. Is designated as a Safety Level 3 or higher pathogen in the Centers for Disease Control's Biosafety in Microbiological and Biomedical Laboratories (BMBL).
 3. Harbor-UCLA's ATP Biological Safety Officer recommends Safety level 3 or above for this pathogen.
 4. Is a novel or unknown pathogen.
- **Airborne infection isolation (AII):** Infection prevention/control procedures 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:** A room, area, booth, tent, or other enclosure that is maintained at negative pressure to adjacent areas in order to control the spread of aerosolized *M. tuberculosis* and other airborne infectious pathogens.
- **Airborne infectious disease:** 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 (refer to **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:** 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 or California Department of Public Health recommends airborne infection isolation (refer to **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.

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- **Biological Safety Officer:** A person who is qualified by training and/or experience to evaluate hazards associated with laboratory procedures involving ATP/Ls, who is knowledgeable about the facility Safety Plan, and who is authorized by the employer to establish and implement effective control measures for laboratory biological hazards.
 - **Biosafety Level 3:** Criteria for laboratory practices, safety equipment, and facility design and construction recommended by the Centers for Disease Control's Safety in Microbiological and Biomedical Laboratories guidelines for laboratories performing work with indigenous or exotic agents that have the potential for aerosol transmission and that may cause serious or potentially lethal infection.
 - **Biosafety in Microbiological and Biomedical Laboratories:** Safety in Microbiological and Biomedical Laboratories, Fifth Edition, Centers for Disease Control and National Institutes for Health, 2007, which is hereby, incorporated by reference for the purpose of establishing safety requirements in laboratories.
 - **Droplet precautions:** 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 5 μm 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 of Infectious Agents in Healthcare Settings June 2007.
 - **Exposure incident:** An event in which all of 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 this section.
 3. It reasonably appears from the circumstances of the exposure that transmission of disease is sufficiently likely to require medical evaluation.
 - **Exposure incident/laboratory:** A significant exposure to an aerosol containing an ATP/L, without the benefit of applicable exposure control measures required by this section.
 - **High-hazard procedures:** Procedures performed on a person who is an ATD case -- or suspected ATD case -- or on a specimen suspected of containing an ATP/L, in which the potential for being exposed to aerosol transmissible pathogens is increased due to the reasonably anticipated generation of aerosolized pathogens. Such procedures include, but are not limited to:
 - Sputum induction
 - Bronchoscopy
 - Aerosolized administration of pentamidine or other medications
 - Pulmonary function testing
 - Autopsy, clinical, surgical and laboratory procedures that may aerosolize pathogens.
 - **Local Health Officer:** The health officer for the local jurisdiction responsible for receiving and/or sending reports of communicable diseases, as defined in Title 17, CCR. **Note:** Title 17, § 2500 requires that reports be made to the local health officer for the jurisdiction where the patient resides.
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- **Novel or unknown ATP:** A pathogen capable of causing serious human disease meeting the following criteria:
 1. There is credible evidence that the pathogen is transmissible to humans by aerosols; and
 2. The disease agent is:
 - a. A newly recognized pathogen, or
 - b. A newly recognized variant of a known pathogen and there is reason to believe that the variant differs significantly from the known pathogen in virulence or transmissibility, or
 - c. A recognized pathogen that has been recently introduced into the human population, or
 - d. A not yet identified pathogen.

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

- **Reportable aerosol transmissible disease:** 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:** An exposure to a source of ATPs or ATP/Ls 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 health care professional.

- **Staff:** Also known as Workforce Members (WFMs). Encompasses employees, contract personnel, affiliates, volunteers, trainees, students, and other persons whose conduct, in the performance of work for Harbor-UCLA, is under Harbor-UCLA’s direct control, whether or not they receive compensation from the County.

- **Susceptible person:** 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:** Either of the following:
 1. A person whom a health care provider believes probably has a particular disease or condition listed in (**Attachment A**).
 2. A person who is considered a probable case.

I. RESPONSIBILITIES

A. Program Administrator

The Program Administrator for Harbor-UCLA is the Director of Infection Prevention and Control Committee. 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.

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B. Hospital Administration

1. Approve safety and health programs and policies.
2. Provide support, leadership and direction for the ATD Plan.
3. Delegate authority, responsibility, and accountability to effectively implement and maintain the Plan.
4. Provide physical and financial resources for the correction of safety and health hazards.

C. Department Chairs/Services Directors/Nurse Managers

1. Ensure staff members 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 hazards are identified or new operations, materials, procedures or equipment are introduced into the workplace.

D. Staff

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. 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. Staff are encouraged to participate in the revision of the ATD plan and related policies.

II. MEASURES TO PREVENT EXPOSURE

All feasible measures to prevent exposure shall be used to minimize staff exposure to ATDs. These measures include:

- Source controls
- Engineering controls
- Work practice controls
- Cleaning and decontamination
- Personal protective equipment
- Administrative controls
- Surge procedures

Where source control, engineering, administrative, and work practice controls do not provide sufficient protection, Harbor-UCLA shall provide affected staff with appropriate PPE. Engineering and work practice controls are also implemented to protect staff who operate, use or maintain vehicles that transport persons who are ATD cases or suspected cases.

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

1. Identification, isolation, and transfer of presenting known/suspected ATD or ATP to airborne infection isolation rooms, areas or facilities.
 - a. Placement of facemasks on suspected or confirmed ATD patients at facility access points (e.g., the Emergency Department).

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- b. Placement of suspected or confirmed ATD patients in an airborne infection isolation room within 5 hours of identification.
- c. If no airborne infection isolation room is available, the patient must be transferred to another suitable facility unless the treating physician determines that transfer would be detrimental to the patient’s condition.
- d. The local health officer will be consulted when transfers have not occurred within the 5 hour period.
- e. Where it is not feasible to provide airborne infection isolation rooms all effective control measures will be implemented.
2. Limit healthcare facility entry to those wishing to visit patients if the visitors have suspected or confirmed ATD.
3. Infection Control and other departmental/service policies/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 patients when they are outside their rooms (e.g., for diagnostic testing).
4. Performance of aerosol-generating procedures in an airborne infection isolation room to prevent the spread of aerosols to other parts of the facility.

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

1. Partitions (e.g., transparent panels/windows/desk enclosures) placed in triage areas as physical barriers to shield staff members from respiratory droplets.
2. Use of local exhaust ventilation (e.g., hoods, tents, or booths) for aerosol-generating procedures.
3. Use of hands-free (foot activated pedal) soap and water dispensers and receptacles for garbage and linens to minimize environmental contact.
4. Use closed suctioning systems for airways suction in intubated patients.
5. Use high-efficiency particulate filters on mechanical and bag ventilators.
6. Ensure effective general ventilation and thorough environmental surface hygiene.

Notes:

- Engineering and work practice controls shall be implemented to protect staff who operate, use or maintain vehicles that transport persons who are ATD cases or suspected cases.
- Refer to (**Attachment C**) for specifics about engineering controls related to negative pressure rooms.

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

1. Implementation of staff immunization policy, refer to Policy #217.
2. Implementation respiratory hygiene/cough etiquette programs.
3. Posting of visual alerts at facility entrances and triage areas to inform staff members of symptoms of respiratory illness.
4. Implementation of policies on appropriate isolation precautions.

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D. Cleaning and Decontamination

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

E. Personal Protective Equipment (PPE) may include:

1. Gloves – protect hands
2. Gowns/aprons – protect skin and/or clothing
3. Masks and respirators – protect mouth/nose; respirators – protect respiratory tract from airborne infectious agents
4. Goggles – protect eyes
5. Face shields – protect face, mouth, nose, and eyes

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

The ATD Program Administrator (or designee) shall identify (refer to **Attachment E**):

- Job classifications in which staff have known or potential occupational exposure.
- High-hazard medical procedures and non-medical assignments/tasks performed at Harbor-UCLA, and their related job classifications. Assignments/tasks include those requiring personal protective equipment.

The ATD Program Administrator (or designee) shall assess new or modified processes/methods with potential for exposure to ATDs, ATPs, ATP/Ls.

G. Surge Procedures

Harbor-UCLA surge procedures are included in the Emergency Preparedness Manual and Pandemic Influenza Response policies. Surge events include the uncontrolled release of hazardous substances involving biological agents (refer to the Harbor-UCLA Emergency Preparedness Manual).

III. MEDICAL SURVEILLANCE

Medical services -- including vaccinations, tests, examinations, evaluations, determinations, procedures -- and medical management follow-up are performed by or under the supervision of a physician or other licensed healthcare professional. Staff are seen in Employee Health Services or by their designee as per contract. Services provided are in accordance with Harbor-UCLA policy and public health guidelines and provided in a manner that ensures the confidentiality of staff and patients.

A. Prospective Surveillance

1. TB assessment is conducted on all staff at pre-employment/pre-assignment, annually, and post-exposure per DHS Policy 925.510.
2. Employee Health Services shall obtain evidence of immunity to vaccine-preventable diseases per Harbor-UCLA Policy #217 Immunizations for Workforce Members.
3. Appropriate vaccinations (**Attachment F**) will be made available to all susceptible staff upon pre-employment/pre-assignment, annually, and post-exposure.

B. Exposure Incidents

1. All reportable ATD 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

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- 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. The Infection Prevention & Control Department is to be made aware of all potential exposure incidents. This may occur in one or more of the following ways:
 - a. A Department Chair, Service Director or Nurse Manager (designee) or any workforce member reports a known or potential ATD exposure.
 - b. The Department of Pathology provides information on results of diagnostic tests that are positive for ATDs, ATD/Ls, 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, ATD-L or ATP exposure incident, the individuals/departments are responsible for the following actions:

The Infection Prevention & Control Department

1. Perform an exposure analysis within 72 hours after becoming aware of an exposure. (Refer to **Attachment G**).
 2. Notify Employee Health Services within 72 hours of known/suspected ATD exposures. (Refer to **Attachment G**).
 3. Notify – within 72 hours -- any external facility/agency that referred the known/suspected case to Harbor-UCLA. Such agencies include, but are not limited to home health care agencies, homeless shelters, outside health care facilities, correctional institutions.
Exception: The Pre-hospital Care Coordinator shall notify the appropriate first-responder agency if the exposure incident involved a patient who was seen in the field by and/or transported to Harbor-UCLA by first-responders.
4. Employee Health Services:
 1. EHS promptly notifies the appropriate Department Chair, Service Director, or Nurse Manager of the exposure incident using the Aerosol Transmissible Disease Exposure Incidents form (**Attachment H**) and requests the names of potentially exposed staff.
 2. Provide post-exposure medical evaluation to all staff that had a significant exposure.
 3. Provide 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. Department Chair/Service Director/Nurse Manager:
 - a. Notify affected staff within 96 hours of the organization becoming aware of the potential exposure.
 - b. Instruct affected staff to immediately report to Employee Health Services for follow-up.
 - c. Provide Employee Health Services with the names of potentially exposed staff using the Aerosol Transmissible Disease Exposure Incidents form (**Attachment H**).
 6. Pre-hospital Care Coordinator:
 - a. Notify the appropriate first-responder agency if the exposure incident involved a patient who was seen in the field by or transported to Harbor-UCLA by first-responders.

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- b. This notification must be made within 72 hours of the organization becoming aware of exposure incident.

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 evaluation are notified – by means of the Aerosol Transmissible Disease Post-exposure Health Evaluation form (**Attachment I**) of where they may obtain a copy of the state’s ATD standard.
2. Employee Health Services clinicians and/or external physician/licensed healthcare professionals responsible for conducting post-exposure health evaluation shall received:
 - 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 Employee Health Services clinicians and/or external physician/licensed healthcare professional shall provide to the staff member’s supervisor a written recommendation regarding precautionary removal from duty of staff experiencing known or suspected ATD, ATP, ATP/L or ATP exposure.
 - a. If such a recommendation is made, the staff member shall remain on precautionary removal from duty until s/he is determined to be non-infectious.

Note: When staff 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 period 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. (**Attachment I**) will be provided to the staff.

1. The physician/licensed healthcare provider will be provided with electronic access of 8 CCR §5199 and the staff member’s TB test records.
2. The physician/licensed health care 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 health care 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.

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- d. Harbor-UCLA's Infection Prevention and Control Department will investigate the circumstances of the conversion and identify areas of deficiencies needing corrections found during the investigation.

IV. LABORATORIES

The biological safety officer assigned to each facility will perform a risk assessment in accordance with Biosafety in Microbiological and Biomedical Laboratories, 5th edition, CDC and National Institutions for Health, 2007 for each agent and procedure involving the handling of ATPs-L. The Biological Safety Officer will record the safe practices required for each evaluated agent/procedure in the Safety Plan.

V. RESPIRATORY PROTECTION

Harbor-UCLA abides by the guidelines noted in the Respiratory Protection Plan (Harbor-UCLA Policy #478). Respirator medical evaluations are done by EHS or designee in accordance with 8 CCR §5144.

VI. WORKFORCE MEMBER TRAINING ON ATD**A. Staff is trained on the following:**

1. At initial assignment of tasks where occupational exposure may occur (hospital orientation).
2. At least annually thereafter, not to exceed 12 months from the previous training.
3. When changes affect the staff occupational exposure or control measures.

B. The training program will contain the following elements:

1. An accessible copy of 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 of ATPs or ATPs-L and applicable source control procedures.
4. An explanation of the ATD Exposure Control Plan and/or Safety Plan, and the means by which a staff can obtain a copy and how they can provide input regarding its effectiveness.
5. An explanation of the appropriate methods for recognizing tasks and other activities that may expose the staff to ATPs or ATP/Ls.
6. An explanation of the use and limitations of methods that will prevent or reduce exposure of ATPs or ATPs-L including appropriate engineering and work practice controls, decontamination and disinfection procedures, and personal and respiratory protective equipment.
7. An explanation of the basis for selection of PPE, its uses and limitations, and the types, proper use, location, removal, handling, cleaning, decontamination, and disposal of the items of staff will use.
8. A description of the Harbor-UCLA TB 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 by Harbor-UCLA or affiliate agency, including information on their efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge to DHS employees.

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11. An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident, the medical follow-up that will be made available, and post-exposure evaluation.
 12. Information on the facility's surge plan as it pertains to the duties that staff will perform.

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 also knowledgeable of the department's ATD Exposure Control or Safety Plan.

VII. RECORDKEEPING

A. Medical Records

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

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 PLHCP, 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 PLHCP.
4. Results of all TB assessments.
5. A copy of the information regarding an exposure incident that was provided to Employee Health Services and/or the PLHCP.

All medical records will be maintained confidentially and not disclosed or reported without the staff's written consent to any person within or outside the workplace, unless required by statute, regulation or 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 facility 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 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. The contents or a summary of the training session(s).
3. The names and qualifications of persons conducting the training or who are designated to respond to interactive questions.

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4. The names and job titles of 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, the name(s) and work area(s) of staff involved.

The record of annual review of the ATD Plan will be retained for three (3) years.

D. Exposure Incidents (Attachment H)

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 PLHCP consulted.
6. Date of the evaluation.
7. Date of contact and contact information for any other employer who either notified the department or was notified by the department regarding potential STAFF exposure.

E. Unavailability of Vaccines (Attachment J)

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 of 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) (Attachment J)

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 affiliation of person(s) contacted for transfer possibilities, and the date of contact.
3. 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 (3) years.

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G. Decisions Not to Transfer Patient (Attachment J)

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

Facilities Management maintains records of inspection, testing and maintenance of non-disposable engineering controls including ventilation and other air handling systems, air filtration systems, containment equipment, biological safety cabinets, and waste treatment systems are maintained for 5 years.

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

I. Respiratory Protection Records

Records of the respiratory protection program will be established and maintained in accordance with 8 CCR §5144 and Harbor-UCLA policy #478.

VIII. PROGRAM REVIEW

A. The Program Administrator

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.
5. Applicable new laws, regulations, standards.

B. Staff

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

1. Participating as members of safety committees.
2. Attending meetings to discuss safety and health issues and improvements.
3. Reporting issues or potential problems to management and providing ideas, recommendations, or suggestions for their correction.
4. Completing reports, questionnaires, or other documents.

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AUTHORITY:

- 8 California Code of Regulations (CCR) § 5144 and 5199
- 17 CCR § 2500
- 29 Code of Federal Regulations (CFR) §1910.1020

CROSS REFERENCES:

- Centers for Disease Control and Prevention. Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis* in Health-Care Settings, 2005. MMWR 2005; 54 (No. RR-17): 20.
- 204 Harbor-UCLA Policy, Employee Health Services Program
- 217 Harbor-UCLA Policy, Immunizations of Workforce Members
- 353 Harbor-UCLA Policy, Tuberculosis Exposure Control Plan
- 925.000 DHS Policy, Employee Health Services Program
- 925.100 DHS Policy, Immunizations of Workforce Members
- 925.510 DHS Policy, Tuberculosis Screening Surveillance Program