

**RANCHO LOS AMIGOS NATIONAL REHABILITATION CENTER
Infection Prevention and Control**

SUBJECT: Medical Services / Employee Health Services	Policy No.: IC700D Revision Date: 06/2017 Reviewed: 03/2014 Page: Page 1 of 7
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I. Medical Services / Employee Health Services: 5199 ATD (h)

Any employee with the potential for occupational exposure shall be provided with medical surveillance for ATDs and infection with ATPs and ATPs-L, as recommended by the CDC and/or the CDPH for the type of work setting.

When an employer is also acting as the evaluating health care professional, the employer shall advise the employee following an exposure incident that the employee may refuse to consent to vaccination, post-exposure evaluation, and follow-up from the employer-health care professional.

When consent is refused, the employer immediately shall make available a confidential vaccination, medical evaluation or follow-up from a Primary Care Provider (PCP) other than the exposed employee's employer. For TB exposure and follow-up see the Tuberculosis Control Plan for TB guidelines. (See our Infection Prevention and Control policy)

A. Medical surveillance provisions, including vaccinations, examinations, evaluations, determinations, procedures, and medical management and follow-up, shall be:

1. Performed by Employee Health
2. Provided according to current applicable public health recommendations; and
 1. Provided in a manner that ensures the confidentiality of employees and patients. Test results and other information regarding exposure incidents and TB conversions shall be provided without providing the name of the source individual.

B. Vaccines and vaccinations:

1. Rancho Los Amigos National Rehabilitation Center will offer all susceptible health care workers with potential for

RANCHO LOS AMIGOS NATIONAL REHABILITATION CENTER
Infection Prevention and Control

SUBJECT: Medical Services / Employee Health Services	Policy No.: IC700D Revision Date: 06/2017 Reviewed: 03/2014 Page: Page 2 of 7
---	--

occupational exposure vaccine doses listed in Appendix D. These requirements will become effective 9/1/2010.

2. Recommended vaccinations shall be made available to all employees who have occupational exposure after the employee has received the training required and within 10 working days of initial assignment unless:
 - a. The employee has previously received the recommended vaccination(s) and is not due to receive another vaccination dose; or
 - b. A PCP has determined that the employee is immune in accordance with current CDC and CDPH guidelines; or
 - c. The vaccine(s) is contraindicated for medical reasons
3. The employer shall make additional vaccination(s) available to employees within 120 days of the issuance of new CDC or CDPH recommendations.
2. Participation in a prescreening program is not a prerequisite for receiving a vaccine, unless CDC or CDPH guidelines recommend prescreening prior to administration of the vaccine.
3. If the employee initially declines a vaccination, but at a later date, while still covered under the standard, decides to accept the vaccination, the employer shall make the vaccination available within 10 working days of that request.
4. Rancho Los Amigos National Rehabilitation Center shall ensure that employees who decline to accept a recommended and offered vaccination sign the declination form in Appendix E for each declined vaccine.

RANCHO LOS AMIGOS NATIONAL REHABILITATION CENTER
Infection Prevention and Control

SUBJECT: Medical Services / Employee Health Services	Policy No.: IC700D Revision Date: 06/2017 Reviewed: 03/2014 Page: Page 3 of 7
---	--

5. The PCP administering a vaccination or determining immunity will provide the following information to the employer:
 - a. The employee's name and employee identifier
 - b. The date of the vaccine dose or determination of immunity
 - c. Whether the employee is immune to the disease, and whether there are any specific restrictions on the employee's exposure or ability to receive vaccine
 - d. Whether an additional vaccination dose is required, and if so, the date the additional vaccination dose should be provided

EXCEPTION: Where the employer cannot implement these procedures because of the lack of availability of vaccine, the employer shall document efforts made to obtain the vaccine in a timely manner and inform employees of the status of the vaccine availability. The employer shall check on the availability of the vaccine at least every 10 working days and inform employees when the vaccine becomes available.

C. Exposure Incidents

A health care provider or the employer of a health care provider who determines that a person is an RATD case or suspected case shall report, or ensure that the health care provider reports, the case to the local health officer, in accordance with Title 17.

1. In addition to the report required, the employer in the facility, service or operation that originates the report shall determine, to the extent that the information is available in the employer's records, whether the employee(s) of any other employer(s) may have had contact with the case or suspected case while performing activities within the scope of this section. The employer shall notify the other employer(s) within a timeframe that will both provide reasonable assurance that there will be adequate time for the employee to receive effective medical intervention to prevent disease or mitigate the disease course, and will also permit the prompt initiation of an investigation to identify exposed employees. In no

RANCHO LOS AMIGOS NATIONAL REHABILITATION CENTER
Infection Prevention and Control

SUBJECT: Medical Services / Employee Health Services	Policy No.: IC700D
	Revision Date: 06/2017
	Reviewed: 03/2014
	Page: Page 4 of 7

case, shall the notification be longer than 72 hours after the report to the local health officer. The notification shall include the date, time, and nature of the potential exposure, and provide any other information that is necessary for the other employer(s) to evaluate the potential exposure of his or her employees. The notifying employer shall not provide the identity of the source patient to the other employers.

NOTE 1: These employees may include, but are not limited to, paramedics, emergency medical technicians, emergency responders, home health care personnel, homeless shelter personnel, personnel at referring health care facilities or agencies, and corrections personnel

NOTE 2: Some diseases, such as meningococcal disease, require prompt prophylaxis of exposed individuals to prevent disease. Some diseases, such as varicella, have a limited window in which to administer vaccine to non-immune contacts. Exposure to some diseases may create a need to temporarily remove an employee from certain duties during a potential period of communicability. For other diseases such as tuberculosis there may not be a need for immediate medical intervention, however prompt follow up is important to the success of identifying exposed employees.

2. Each employer who becomes aware that his or her employees may have been exposed to an RATD case or suspected case, or to an exposure incident involving an ATP-L shall do all of the following:
 - a. Within a timeframe that is reasonable for the specific disease, but in no case later than 72 hours following, as applicable, the employer's report to the local health officer or the receipt of notification from another employer or the local health officer, conduct an analysis of the exposure scenario to determine which employees had significant exposures. This analysis shall be conducted by an individual knowledgeable in the mechanisms of exposure to ATPs or ATPs-L, and shall record the names and any other employee identifier used in the workplace of persons who were included in the analysis. The analysis shall also record the basis for any determination that an employee need not be included in post-exposure follow-up because the employee did not have a significant exposure or because a PCP determined that the employee is immune to the infection in accordance with applicable public health guidelines. The exposure analysis shall be made available to

RANCHO LOS AMIGOS NATIONAL REHABILITATION CENTER
Infection Prevention and Control

SUBJECT: Medical Services / Employee Health Services	Policy No.: IC700D Revision Date: 06/2017 Reviewed: 03/2014 Page: Page 5 of 7
---	--

the local health officer upon request. The name of the person making the determination, and the identity of any PCP or local health officer consulted in making the determination shall be recorded.

- b. 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, notify employees who had significant exposure of the date, time, and nature of the exposure.
 - c. As soon as feasible, provide post-exposure medical evaluation to all employees who had a significant exposure. The evaluation shall be conducted by a PCP knowledgeable about the specific disease, including appropriate vaccination, prophylaxis, and treatment. For M. tuberculosis and for other pathogens where recommended by applicable public health guidelines, this shall include testing of the isolate from the source individual or material for drug susceptibility, unless the PCP determines that it is not feasible.
 - d. Obtain a recommendation regarding precautionary removal and a written opinion from the PCP.
3. Determine, to the extent that information is available in the employer's records, whether employees of any other employers may have been exposed to the case or material. The employer shall notify these other employers 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 shall provide the contact information for the diagnosing PCP. The notifying employer shall not provide the identity of the source patient to other employers.
4. Information provided to the Primary Care Provider
- a. Rancho Los Amigos National Rehabilitation Center shall ensure that all PCPs responsible for making determinations and performing procedures as part of the medical services program are provided a copy of this standard and applicable public health guidelines. For respirator medical evaluations, the employer shall provide information regarding the type of respiratory protection used, a description of the work effort required, any special

RANCHO LOS AMIGOS NATIONAL REHABILITATION CENTER
Infection Prevention and Control

SUBJECT: Medical Services / Employee Health Services	Policy No.: IC700D Revision Date: 06/2017 Reviewed: 03/2014 Page: Page 6 of 7
---	--

environmental conditions that exist (e.g., heat, confined space entry), additional requirements for protective clothing and equipment, and the duration and frequency of respirator use.

- b. Rancho Los Amigos National Rehabilitation Center shall ensure that the PCP who evaluates an employee after an exposure incident is provided the following information:
 - i. A description of the exposed employee's duties as they relate to the exposure incident;
 - ii. The circumstances under which the exposure incident occurred;
 - iii. 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 employee; and
 - iv. All of the employer's medical records for the employee that are relevant to the management of the employee, including tuberculin skin test results and other relevant tests for ATP infections, vaccination status, and determinations of immunity.

- 5. Precautionary removal recommendation from the physician or other licensed health care professional.
 - a. Each employer who provides a post-exposure evaluation shall request from the PCP an opinion regarding whether precautionary removal from the employee's regular assignment is necessary to prevent spread of the disease agent by the employee and what type of alternate work assignment may be provided. Rancho Los Amigos National Rehabilitation Center shall request that the PLHCP convey to Employee Health any recommendation for precautionary removal immediately via phone or fax and that the PLHCP document the recommendation in the written opinion.

 - b. Where the PLHCP recommends precautionary removal, or where the local health officer recommends precautionary removal, Rancho Los Amigos National Rehabilitation Center shall maintain until the employee is determined to be noninfectious, the employee's earnings, seniority, and all other employee rights and benefits, including the employee's right to his or her former job status, as if the employee had not been removed from his or her

RANCHO LOS AMIGOS NATIONAL REHABILITATION CENTER
Infection Prevention and Control

SUBJECT: Medical Services / Employee Health Services	Policy No.: IC700D
	Revision Date: 06/2017
	Reviewed: 03/2014
	Page: Page 7 of 7

job or otherwise medically limited. Refer to Human Resource policies.

EXCEPTION: Precautionary removal provisions do not extend to any period of time during which the employee is unable to work for reasons other than precautionary removal.

6. Written opinion from the physician or other licensed health care professional.
 - a. Each employer shall obtain, and provide the employee with a copy of the written opinion of the PLHCP within 15 working days of the completion of all required medical evaluations.
 - b. For respirator use, the physician's opinion shall have the required content
(See section 5144(e)(6) Section 5144. Respiratory Protection
<http://www.dir.ca.gov/Title8/5144.html>.)
 - c. For all RATD and ATP-L exposure incidents, the written opinion shall be limited to the following information:
 - i. The employee's applicable RATD test status for the exposure of concern;
 - ii. The employee's infectivity status
 - iii. statement that the employee has been informed of the results of the medical evaluation and has been offered any applicable vaccinations, prophylaxis, or treatment
 - iv. statement that the employee has been told about any medical conditions resulting from exposure to TB, other RATD, or ATP-L that require further evaluation or treatment and that the employee has been informed of treatment options; and
 - v. Any recommendations for precautionary removal from the employee's regular assignment
7. All other findings or diagnosis shall remain confidential and shall not be included in the written report.