

# Aerosol Transmissible Diseases Referring Employer Model Written Procedures

*This is a fillable template that the employer must complete. Instructions in red font enclosed in brackets indicate where you must enter your worksite-specific information.*

California Code of Regulations, title 8, section [5199](#), the Aerosol Transmissible Diseases (ATD) standard applies to employers who have employees with occupational exposure to infectious diseases that spread by inhalable particles and droplets. Covered employers are required to protect their employees from infection by establishing and implementing a set of written procedures. The ATD standard is unique to California. Currently there is no federal OSHA ATD standard, and no other state has a specific standard covering ATDs.

Employers must establish written programs or procedures depending on which category they fall into:

- Employers who must comply with the full standard
- Referring employers
- Laboratories

For assistance on determining which category you are in, please see Cal/OSHA's guidance document "[The California Workplace Guide to Aerosol Transmissible Diseases](#)," available on the [Cal/OSHA Publications webpage](#): [www.dir.ca.gov/dosh/puborder.asp](http://www.dir.ca.gov/dosh/puborder.asp).

Employers who must comply with the full standard must establish, implement, and maintain an effective written ATD Exposure Control Plan. If you are a full-standard employer, please download the "[Aerosol Transmissible Diseases Model Exposure Control Plan](#)" at [www.dir.ca.gov/dosh/dosh\\_publications/ATD-Exposure-Control-Plan.docx](http://www.dir.ca.gov/dosh/dosh_publications/ATD-Exposure-Control-Plan.docx).

Employers who meet the standard's definition of referring employers (see page 3) must prepare certain written procedures but do not need to create a full ATD Exposure Control Plan. If you are a referring employer, then you may use this blank template for ATD procedures.

If you are a laboratory, this is not the correct model program for you. Instead, please download the "[ATD Model Laboratory Biosafety Plan](#)" at

[www.dir.ca.gov/dosh/dosh\\_publications/ATD-Biosafety-Plan.docx](http://www.dir.ca.gov/dosh/dosh_publications/ATD-Biosafety-Plan.docx).

Laboratories that perform procedures that are reasonably likely to generate aerosols of ATP-Laboratory but employees do not have contact with ATD cases, suspected cases, or potentially infected cadavers must prepare a written biosafety plan but do not need to create a full ATD Exposure Control Plan. Laboratories where employees do have direct contact with confirmed or suspected ATD cases or with potentially infected cadavers are full-standard employers and must prepare both a biosafety plan and an ATD Exposure Control Plan.

Although the procedures in this document contain all the required sections, they are not complete. This is only a blank template that employers may customize to create their own procedures. The employer must carefully think about how to implement requirements. If the employer does not fill in the program and tables with their own information and procedures and check the appropriate boxes, then the document does not fulfill the requirements for a written plan.

Using these model programs does not guarantee that your program will meet regulatory requirements, but it will help in development of the programs.



**Cal/OSHA Publications Unit  
January 2020**

# Aerosol Transmissible Disease Procedures Required for Referring Employers

For **[Type name of employer]**

Date created: **[Enter date the employer created this program]**

Date of last review: **[Enter date the employer last reviewed and revised these procedures]**

## Contents

Determining if You Are a Referring Employer.....	3
Designation of the Administrator .....	5
Infection Control Procedures to Control the Risk of Transmission of ATDs ....	5
Source Control Procedures.....	6
Screening and Referral Procedures .....	8
Procedures to Communicate with Our Employees, Other Employers, and the Local Health Officer.....	17
Procedures to Reduce Risk of AirID Transmission in the Interim .....	18
System of Medical Services.....	20

## Determining if You Are a Referring Employer

You are a referring employer under 8 CCR 5199 if you meet all of the following criteria:

- ✓ Screen persons for airborne infectious diseases (AirID).
- ✓ Refer any person identified as a case or suspected case of AirID to another health care provider for treatment.
- ✓ Do not intend to provide further medical services to AirID cases and suspected cases beyond first aid, initial treatment or screening, and referral.
- ✓ Do not provide transport, housing, or airborne infection isolation to anyone identified as an AirID case or suspected case unless the transport provided is only non-medical transport in the course of a referral.

People identified or suspected as having an illness requiring droplet precautions do not need to be referred for treatment.

For more help on determining if you are a referring employer or a full-standard employer, see “The California Workplace Guide to Aerosol Transmissible Diseases” publication. You may also refer to that publication for more information regarding requirements of referring employers.

All four criteria apply to my establishment so I am a referring employer under section 5199 and I am able to use this model program to create my procedures.

Referring employers are required to establish, implement, and maintain effective written procedures containing specific elements to reduce the risk of transmission of aerosol transmissible diseases (ATD) to employees. These written procedures must be available to employees at the workplace.

The written procedures on the following pages include the following information:

- Designation of the Administrator
- Infection Control Procedures to Control the Risk of Transmission of Aerosol Transmissible Diseases
- Source Control Procedures
- Screening and Referral Procedures
- Procedures to Communicate with Our Employees, Other Employers, and the Local Health Officer Regarding the Known or Suspected Infectious Disease Status of Referred Patients
- Procedures to Reduce Risk of ATD Transmission While the Person Requiring Referral is in the Facility
- System of Medical Services

## Designation of the Administrator

We are required to assign an administrator who will be responsible for implementing these procedures. This person is knowledgeable in infection control principles as they apply to our facility, service, and operation.

In our facility, the administrator of the infection control procedures for aerosol transmissible diseases is: [Type the name or job title here.]

When the administrator is not present at the workplace, the following person is designated to act on the administrator's behalf: [Type the name or job title here.]

## Infection Control Procedures to Control the Risk of Transmission of ATDs

We conduct a risk assessment of all the job classifications at our workplace to determine which of our employees have occupational exposure to ATDs. We examine the job duties of all of our employees, being careful not to forget those in administrative, maintenance, custodial, security, dining, transportation, and other job classifications, as applicable.

Occupational exposure is defined in 8 CCR 5199 as exposure from work activity or working conditions that is reasonably anticipated to create an elevated risk of contracting any disease caused by aerosol transmissible pathogens (ATPs) or aerosol transmissible pathogens-laboratory (ATPs-L) if protective measures are not in place. In this context, "elevated" means higher than what is considered ordinary for employees having direct contact with the general public outside of the facilities, service categories, and operations listed in subsection (a)(1) of this standard.

(check only if applicable) We are not a health care provider, so when we conduct the risk assessment, we consider employees to have occupational exposure if they are reasonably anticipated to have exposure risk higher than that of employees who work in public contact operations that are not covered under the scope of this standard, such as retail clerks or bus drivers.

Our employees in the following job categories have occupational exposure to ATDs: [List the job categories here.]

When people exhibit symptoms of an aerosol transmissible disease, they may contaminate surfaces with infectious pathogens. Therefore, surfaces

must be cleaned and disinfected to reduce the risk of transmitting disease to employees or others. Surfaces include equipment, work areas, and vehicles that were used to transport people with ATD symptoms.

The following employee(s) are responsible for cleaning and disinfection: [\[List the employee job titles here.\]](#)

We use the following EPA-registered product(s) to perform this cleaning and disinfection: [\[List the products used for cleaning and disinfection related to ATD.\]](#)

We will clean and disinfect the following surfaces, equipment, and objects (include locations when appropriate, i.e., rooms and vehicles): [\[List the surfaces and objects here\]](#) on the following schedule (*e.g., after contact with a symptomatic person, after every patient, at the end of each day*): [\[Describe the schedule of cleaning and disinfection.\]](#)

## Source Control Procedures

If we observe respiratory infection symptoms in a patient or other person who has entered our facility, we will utilize source control measures to minimize the risk that our employees will contract the illness while the suspected ATD case is in our facility. These include a combination of engineering controls, such as placing the suspected ATD case in a separate room or area; procedures, such as providing and having the suspected ATD case wear a surgical mask; and work practice controls, such as limiting contact with the suspected ATD case.

*(Check the following boxes, as applicable):*

- We are a fixed-site health care facility.
- We are a correctional facility.
  
- We checked one of the above boxes. Therefore, we must incorporate the recommendations contained in the CDC's Respiratory Hygiene/Cough Etiquette in Health Care Settings. These recommendations may be found on the CDC [Respiratory Hygiene/Cough Etiquette in Health Care Settings](#) webpage.
  
- We did not check any of the above boxes. Therefore, we will incorporate the recommendations of the [CDC's Respiratory Hygiene/Cough Etiquette in Health Care Settings](#) to the extent feasible.

Our employees utilize the following source control measures to prevent spread of aerosol transmissible pathogens (*Check all that apply*):

We use the following visual alerts (*e.g., signs*): **[List the types of visual alerts used.]**

*(If applicable, you may download and display at the workplace the appropriate CDC "Cover Your Cough" posting[s] from the CDC [Respiratory Hygiene/Cough Etiquette in Healthcare Settings](http://www.cdc.gov/flu/professionals/infectioncontrol/resphygiene.htm) webpage, [www.cdc.gov/flu/professionals/infectioncontrol/resphygiene.htm](http://www.cdc.gov/flu/professionals/infectioncontrol/resphygiene.htm).)*

We will post a sign requesting that patients and persons accompanying them inform the receptionist if they have a persistent cough.

We place the visual alerts at the following entrances and other locations: **[List the locations here.]**

We will ensure that the (*job title[s], e.g., receptionists*) **[List the job titles here]**, who may be the first employees to encounter a patient or other person entering the facility, are knowledgeable in observing for signs and symptoms of ATD.

Provide tissues in waiting areas.

Place a waste receptacle in waiting areas.

Ensure handwashing facilities including soap and water are accessible to patients and visitors.

Provide alcohol-based hand sanitizer or other antiseptic handwash in waiting areas.

Provide individuals exhibiting ATD symptoms with a surgical mask or procedure mask and instruct them in proper use, using the following communication methods to educate the individual on the importance of the control measure without making them feel stigmatized: **[Describe the communication methods here.]**

Separate symptomatic individuals from others by placing them in a separate room that:

has its own separate ventilation system.

does not have its own separate ventilation system.

Separate symptomatic individuals from others by distance in the same room (at least 3 to 6 feet away from others) because our facility does not have a separate room in which to temporarily place the individual(s).

Advise health care staff to use droplet precautions (i.e., wear a surgical or procedure mask) or airborne precautions (i.e., wear an N95 filtering facepiece respirator for which the employee has been medically evaluated and fit tested), as appropriate, in addition to standard precautions when in close contact with a patient showing symptoms of a respiratory infection, particularly if fever is present.

- Limit contact with symptomatic individuals.
- Other [Describe any other source control method.]
- Other [Describe any other source control method.]
- Other [Describe any other source control method.]

We also inform patients and others who enter our facility of our source control measures using the following methods: [Describe methods here.]

We inform our employees that an individual may have an AirID using the following procedure or methods: [Describe procedures or methods here.]

If a suspected AirID case refuses to or cannot comply with our source control measures, our employees will wear N95 respirators for which they have been medically cleared and fit tested when in proximity of the individual. Refer to our written Respiratory Protection Program for details.

## Screening and Referral Procedures

We do not treat patients who appear to be infected with an airborne infectious disease (AirID). Instead, we refer them to an appropriate facility for treatment and airborne infection isolation. We are not required to refer seasonal influenza cases to other facilities during flu season.

(Check the appropriate box)

We are a medical facility so our health care staff screen patients using the following procedures: [Describe procedures to screen patients for AirID.]

We are not a medical facility so we must establish criteria and procedures for referral of persons to a health care provider for further evaluation within timeframes described on page 10. We are required to refer people who have any one of the following characteristics so we use this list as our criteria for referral:

1. Have a cough for more than three weeks that is not explained by non-infectious conditions.



2. Exhibit signs and symptoms of a flu-like illness during March through October (the months outside of the typical period for seasonal influenza), or exhibit these signs and symptoms for a period longer than two weeks at any time during the year. These signs and symptoms generally include combinations of the following: coughing and other respiratory symptoms, fever, sweating, chills, muscle aches, weakness, and malaise.
3. State that they have a transmissible respiratory disease, excluding the common cold and seasonal influenza.
4. State that they have been exposed to an infectious ATD case, other than seasonal influenza.

To determine if people have any of the above symptoms or characteristics, we use the following screening procedures from Appendix F of the Cal/OSHA ATD standard:

1. For screening a coughing client with potential TB – privately ask the person the following:
  - a. if he/she has had a cough for more than three weeks.
  - b. if, in addition to cough, he/she has had one or more of the following clinical symptoms of TB disease:
    - Unexplained weight loss (>5 lbs).
    - Night Sweats.
    - Fever.
    - Chronic Fatigue/Malaise.
    - Coughing up blood.

A person who has had a cough for more than three weeks and who has one of the other symptoms in b. must be referred to a health care provider for further evaluation, unless that person is already under treatment. Consider referring a person with any of the above symptoms, if there is no alternative explanation.

2. In addition to TB, other vaccine preventable aerosol transmissible diseases, including pertussis, measles, mumps, rubella ("German measles"), and chicken pox should be considered when non-medical personnel screen individuals in non-health care facilities. The following is a brief list of some findings that should prompt referral to a health care provider for further evaluation when identified through a screening process:
  - Severe coughing spasms, especially if persistent; coughing fits may interfere with eating, drinking and breathing.

- Fever, headache, muscle aches, tiredness, poor appetite followed by painful, swollen salivary glands, one side or both sides of face under jaw.
  - Fever, chills, cough, runny nose, watery eyes associated with onset of an unexplained rash (diffuse rash or blister-type skin rash).
  - Fever, headache, stiff neck, possibly mental status changes.
3. Any client who exhibits any of the above described findings and reports contact with individuals known to have any of these transmissible illnesses in the past 2-4 weeks should be promptly evaluated by a health care provider.
  4. Health officials may issue alerts for community outbreaks of other diseases. They will provide screening criteria, and people must be referred to medical providers as recommended by the health officer.
- (*check if applicable*) We coordinate with local health departments, including TB control programs, for the success of this referral policy.
- We instruct our employees when they are first hired and annually thereafter on how clients' privacy will be maintained during screening procedures. These are our procedures for maintaining client privacy during screening: [\[Describe procedures here.\]](#)

We understand that the longer the symptomatic individuals are present in our facility, the greater the risk that one of our employees will become infected. Therefore, we will ensure that persons exhibiting respiratory symptoms identified using the above screening procedures are referred and transferred to a suitable facility for isolation and treatment within five hours of being identified as a case or suspected case, except under any of the following conditions:

1. The initial encounter with the case or suspected case occurs after 3:30 p.m. and prior to 7 a.m., in which event we will ensure that transfer occurs no later than 11:00 a.m.
2. We have contacted the local health officer, determined that there is no facility that can provide appropriate airborne infection isolation, and complied with all of the conditions in section 5199(e)(5)(B)2. (See below.)
3. The case meets the conditions of either of the exceptions to subsection (e)(5)(B) (See below).

Section 5199(e)(5)(B)2. requires the following:

If we are unable to transfer the patient within 5 hours of identification, we will document each of the following at the end of the 5-hour period and at least every 24 hours thereafter:

1. We have contacted the local health officer.
2. There is no AII room or area available within that jurisdiction.
3. Reasonable efforts have been made to contact establishments outside of that jurisdiction, as provided in the Plan.
4. All applicable measures recommended by the local health officer or the Infection Control physician or other licensed healthcare provider (PLHCP) have been implemented.
5. All employees who enter the room or area housing the individual are provided with, and use, appropriate personal protective equipment and respiratory protection in accordance with subsection (g) and section 5144, Respiratory Protection of these orders.

The following are the two exceptions to the requirement for timely transfer of AirID cases or suspected cases:

- Where the treating physician determines that transfer would be detrimental to a patient's condition, the patient need not be transferred. In that case, we will ensure that employees use respiratory protection, such as an N95 respirator, when entering the room or area housing the individual. The patient's condition will be reviewed at least every 24 hours to determine if transfer is safe, and the determination will be recorded. Once transfer is determined to be safe, we will ensure that transfer will be made within the time period described above.

In the event that this exception applies, we will record the treating physician's determination using the following procedure: **[Describe the procedure here.]**

- Where it is not feasible to provide AII rooms or areas to individuals suspected or confirmed to be infected with or carriers of novel or unknown ATPs, we will provide other effective control measures to reduce the risk of transmission of the ATD to employees, which will include the use of respiratory protection.

In the event that this exception applies, we will ensure that employees use the source control procedures described earlier in this document and wear N95 respirators when in proximity to the patient. We will also use these additional control measures: **[Describe any additional control measures here.]**

In the event that no suitable facility with an airborne infection isolation room (AIIR) is available to accommodate the patient, the administrator named in the beginning of this plan will contact the local health officer and other nearby medical facilities. This contact will occur at the end of the five (5) hour period following initial contact with the suspect case to see if an AIIR is available to accommodate transfer. If not, then the Administrator will continue to contact the local health officer and other medical facilities in and outside of the local health officer's jurisdiction every 24 hours until an AIIR becomes available for the transfer. When an AIIR becomes available, the Administrator will ensure that the patient is transferred to the other facility.

The phone number or other contact information for the local health officer is: [Type the local health officer's contact information.]

Names and contact information for facilities with AII rooms or areas within the local area that will be contacted in the event of referral:

Facility: [Type the name of the facility to contact to refer patient.] Contact info: [Type the facility's contact info.]

Facility: [Type the name of the facility to contact to refer patient.] Contact info: [Type the facility's contact info.]

Facility: [Type the name of the facility to contact to refer patient.] Contact info: [Type the facility's contact info.]

Names and contact information for facilities with AII rooms or areas outside the local jurisdiction that will be contacted in the event of referral and no AII rooms are available within our local jurisdiction:

Facility: [Type the name of the facility to contact to refer patient.] Contact info: [Type the facility's contact info.]

Facility: [Type the name of the facility to contact to refer patient.] Contact info: [Type the facility's contact info.]

Facility: [Type the name of the facility to contact to refer patient.] Contact info: [Type the facility's contact info.]

The Administrator will document each attempt to locate a facility with an available AIIR. This is our procedure to document these attempts: [Describe the procedure here.]

## Documentation of Attempts to Refer Suspect AirID Case

*(Keep this form blank until you are unsuccessful at making a referral, at which time you may make copies and use this form to document your attempts or you may create your own form containing the information required by 8 CCR 5199(e)(5)(B).)*

Patient identifier (*optional*): [Type some form of patient identification other than name, if needed, keeping in mind this form is not confidential.]

Date and time that the patient was identified as a suspected AirID case: [Enter the appropriate date and time.]

Date/Time of making contact for transfer (at the end of 5 hour period after the above time):

Contacting the Local Health Officer:

Date/Time: [Enter date/time of contacting local health officer.]

Name of Local Health Officer: [Type name of the local health officer.]

Contact information for the local health officer: [Type the phone number or email address used to contact the local health officer.]

Measures recommended by the local health officer or the Infection Control PLHCP (and we implemented): [Describe the local health officer's recommendations.]

We have implemented the applicable recommended measures.

Contacting other nearby facilities: (list all that were contacted)

Name of Facility #1: [Type the name of the first facility contacted.]

Name of person contacted who determined that no AIIR was available: [Type the name of person contacted.]

Job title/Affiliation: [Type contacted person's job title.]

Date/Time of contact: [Type the date and time of contact.]

Is this facility inside or outside the local jurisdiction? [Type "inside" or "outside."]

Name of Facility #2: [Type the name of the second facility contacted.]

Name of person contacted who determined that no AIIR was available: [Type the name of person contacted.]

Job title/Affiliation: [Type contacted person's job title.]

Date/Time of contact: [Type the date and time of contact.]

Is this facility inside or outside the local jurisdiction? [Type "inside" or "outside."]

Name of Facility #3: [Type the name of the third facility contacted.]

Name of person contacted who determined that no AIIR was available:  
[Type the name of person contacted.]  
Job title/Affiliation: [Type contacted person's job title.]  
Date/Time of contact: [Type the date and time of contact.]  
Is this facility inside or outside the local jurisdiction? [Type "inside" or  
"outside."]

Result of the above attempts:

- Patient not transferred.
- Patient transferred to: [Type the facility name here.]

If unsuccessful finding a facility to which to transfer the AirID case or suspected case, list further attempts here (24 hours after previous attempt):

Contacting the Local Health Officer:

Date/Time: [Enter date/time of contacting local health officer.]  
Name of Local Health Officer: [Type name of the local health officer.]  
Contact information for the local health officer: [Type the phone number or email address used to contact the local health officer.]  
Measures recommended by the local health officer or the Infection Control PLHCP (and we implemented): [Describe the local health officer's recommendations.]  
 We have implemented the applicable recommended measures.

Contacting other facilities: (list all that were contacted)

Name of Facility #4: [Type the name of the facility contacted.]  
Name of person contacted who determined that no AIIR was available:  
[Type the name of person contacted.]  
Job title/Affiliation: [Type contacted person's job title.]  
Date/Time of contact: [Type the date and time of contact.]  
Is this facility inside or outside the local jurisdiction? [Type "inside" or  
"outside."]

Name of Facility #5: [Type the name of the facility contacted.]  
Name of person contacted who determined that no AIIR was available:  
[Type the name of person contacted.]  
Job title/Affiliation: [Type contacted person's job title.]  
Date/Time of contact: [Type the date and time of contact.]  
Is this facility inside or outside the local jurisdiction? [Type "inside" or  
"outside."]

Name of Facility #6: [Type the name of the facility contacted.]  
Name of person contacted who determined that no AIIR was available:  
[Type the name of person contacted.]

Job title/Affiliation: [Type contacted person's job title.]  
Date/Time of contact: [Type the date and time of contact.]  
Is this facility inside or outside the local jurisdiction? [Type "inside" or "outside."]

Result of the above attempts:

- Patient not transferred.
- Patient transferred to: [Type the facility name here.]

If still unsuccessful finding a facility to which to transfer the suspect AirID patient after 24 hours, list further attempts here (24 hours after previous attempt):

Contacting the Local Health Officer:

Date/Time: [Enter date/time of contacting local health officer.]  
Name of Local Health Officer: [Type name of the local health officer.]  
Contact information for the local health officer: [Type the phone number or email address used to contact the local health officer.]  
Measures recommended by the local health officer or the Infection Control PLHCP (and we implemented): [Describe the local health officer's recommendations.]  
 We have implemented the applicable recommended measures.

Contacting other facilities: (list all that were contacted)

Name of Facility: [Type the name of the facility contacted.]  
Name of person contacted who determined that no AIIR was available: [Type the name of person contacted.]  
Job title/Affiliation: [Type contacted person's job title.]  
Date/Time of contact: [Type the date and time of contact.]  
Is this facility inside or outside the local jurisdiction? [Type "inside" or "outside."]

Name of Facility: [Type the name of the facility contacted.]  
Name of person contacted who determined that no AIIR was available: [Type the name of person contacted.]  
Job title/Affiliation: [Type contacted person's job title.]  
Date/Time of contact: [Type the date and time of contact.]  
Is this facility inside or outside the local jurisdiction? [Type "inside" or "outside."]

Name of Facility: [Type the name of the facility contacted.]  
Name of person contacted who determined that no AIIR was available: [Type the name of person contacted.]  
Job title/Affiliation: [Type contacted person's job title.]

Date/Time of contact: [Type the date and time of contact.]  
Is this facility inside or outside the local jurisdiction? [Type "inside" or  
"outside."]

Result of the above attempts:

- Patient not transferred.
- Patient transferred to: [Type the facility name here.]

*(End of form to document attempts to refer suspected AirID case.)*



## **Procedures to Communicate with Our Employees, Other Employers, and the Local Health Officer**

Good communication is a key element of an effective program to prevent the spread of aerosol transmissible disease among staff and the public. Therefore, we have developed the following procedures for communication among our own staff, with other employers, and with the local health officer regarding the diagnosed or suspected infectious disease status of referred patients.

We communicate with our own staff regarding the suspected or confirmed infectious disease status of patients we refer using the following methods (*e.g., email, morning huddles, etc.*): [\[List methods of communication here.\]](#)

If the referred patient is transferred among different departments or units within our facility, we ensure that employees in those different departments or units communicate the patient's infectious disease status with each other using the following procedure (*e.g., coded signs, charts, verbal handoff*): [\[Describe the procedure here.\]](#)

If we know or should know the infectious disease status of a patient whom we refer, then it is our responsibility to alert "downstream" employers, such as the facility that accepts the suspected AirID case for airborne infection isolation. We will also communicate the status to any employer who transports the patient from our facility to the next in their vehicle. If there is an "upstream" employer, such as law enforcement, from whom we received the suspected AirID case, we will also communicate this status with them so that they may offer necessary medical intervention to their exposed employees.

When providing information to the facility to which the patient was transferred, we will also obtain information from them in order to inform our own employees who may have been exposed to the referred person so that we may offer them appropriate medical services.

The person responsible for communicating this information to the other employers is: [\[Type the person's job title or name here.\]](#)

This is our procedure for notifying downstream employers and gathering information from them: [\[Describe the notification procedures here.\]](#)

This is our procedure for notifying upstream employers: [\[Describe the notification procedures here.\]](#)

This is our procedure for communicating infectious disease status of our patient with the local health officer: [Describe the communication procedures here.]

## **Procedures to Reduce Risk of AirID Transmission in the Interim**

During the period that the person requiring referral is in our facility or in contact with our employees, we take measures to reduce the risk of AirID transmission to our employees. This includes constant observation of standard precautions as well as other protective measures, including the use of respiratory protection.

In addition to the previously described source control procedures, we also take the following measures.

We place the person requiring referral in this separate room or area (or airborne infection isolation room if available) while they await transfer to another facility for airborne infection isolation: [List the separate room or area here.]

If feasible, this room must be equipped with a separate ventilation or filtration system. (*Check one of the following boxes*):

- This room or area is equipped with a separate ventilation system.
- This room or area is equipped with its own filtration system.

If the person requiring referral does not comply with our established source control measures, our employees will wear NIOSH-certified (*type of respiratory protection, e.g., N95 filtering facepiece*) [List the kind of respirators used here] when entering that room or area.

Before our employees wear respirators, we will provide them a medical evaluation to determine if they are medically fit to wear a respirator. We will also provide fit tests for them to determine which brand/model/size respirator offers the required level of protection to each individual employee. We will also implement our written Respiratory Protection Program.

### **For Law Enforcement or Corrections Employers Only:**

(*Check one of the following boxes*):

We are a law enforcement or corrections agency and our employees will wear the following type of respiratory protection when transporting persons requiring referral in a vehicle: **[List the respiratory protection that will be used.]**

We are a law enforcement or corrections agency and our employees may, in the course of their duties, transport persons requiring referral in a vehicle. We do not require these employees to wear a respirator while conducting this transport because we will ensure to meet all five of the following conditions for this exception:

1. A solid partition separates the passenger area from the area where employees are located.
2. The employer implements written procedures that specify the conditions of operation, including the operation of windows and fans.
3. The employer tests (e.g., by the use of smoke tubes) the airflow in a representative vehicle (of the same model, year of manufacture, and partition design) under the specified conditions of operation, and finds that there is no detectable airflow from the passenger compartment to the employee area.
4. The employer records the results of the tests and maintains the results in accordance with subsection (j)(3)(F).
5. The person performing the test is knowledgeable about the assessment of ventilation systems.

We implement the following procedures to meet the above five conditions: **[Describe procedures to ensure that only vehicles with solid partitions separating the passenger area from the employee area will be used for this transport; establish written procedures for conditions of operation of the vehicles used for this transport; test airflow; record airflow tests; and ensure the person performing the airflow test is knowledgeable about the assessment of ventilation systems.]**

If only certain vehicles are equipped to meet the above five conditions, list the specific vehicles here (*type[s], model[s], or identification number[s]*): **[List any applicable vehicles here.]**

To meet condition #2 above, employees will only transport a person requiring referral under the following conditions of operating the vehicle and its equipment, including windows and fans: **[Describe the conditions of operation for using the vehicle to transport AirID patients.]**

To meet condition #3 above, we test the airflow in (*choose one of the next two check boxes*):

- Every vehicle used or may be used for transport of referred patients.
- A representative vehicle of the same model, year of manufacture, and partition design using (*e.g., smoke tubes*) [List the equipment used to test the airflow] under the conditions of operation we specified above for condition #2.

The airflow test must be performed by someone knowledgeable in the assessment of ventilation systems. The person responsible for conducting the airflow test is (*name or job title*): [List name or job title of person who will conduct the vehicle airflow tests.]

We conduct the airflow test with the following frequency (*e.g., annually, quarterly*): [Type how often the vehicle airflow tests will be conducted.]

At the time of the airflow tests, we record the results and maintain the records for a minimum of five years. As part of the record, we also document the name of the person who conducted the test, their job title/affiliation, the date of the test, and any significant findings and actions that were taken.

## **System of Medical Services**

We provide medical services to our employees with occupational exposure to aerosol transmissible disease. These medical services, including vaccinations, tests, examinations, evaluations, determinations, procedures, and medical management and follow-up, will be

1. Performed by or under the supervision of a physician or other licensed healthcare provider (PLHCP).
2. Provided according to applicable public health guidelines.
3. Provided in a manner that ensures the confidentiality of employees and patients, such as leaving the name of the source individual off of test results and other information regarding exposure incidents and TB conversions.

## **Vaccinations**

Vaccination is a safe, effective, and reliable method of controlling the spread of infectious diseases that have a vaccine. Vaccination not only prevents vaccinated people from becoming infected, but it also helps to prevent transmission of illness to the unvaccinated because there are fewer susceptible people to spread the disease. We make vaccinations available to

our employees at no cost during their work hours and encourage employees to receive them.

**For employers who employ health care workers**

We employ health care workers and are required to offer all vaccinations for aerosol transmissible diseases that are recommended by the California Department of Public Health (CDPH) to our susceptible health care workers. These vaccinations are listed in the table below. We make them available to employees after they receive training and within 10 working days of initial assignment unless one of the following conditions exists:

1. The employee has previously received the recommended vaccination(s) and is not due to receive another vaccination dose.
2. A PLHCP has determined that the employee is immune in accordance with applicable public health guidelines.
3. The vaccine(s) is contraindicated for medical reasons.

We send our health care worker employees to the following medical facility to receive the vaccinations: **[Type the name of the medical facility here.]**

These will be provided at the doses and by the schedules recommended by the CDPH as stated in the following table.

<b>Vaccine</b>	<b>Schedule</b>
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

We will make additional vaccine doses available to employees within 120 days of the issuance of any new applicable public health guidelines recommending the additional dose.

We do not require our employees to participate in a prescreening serology program prior to receiving a vaccine, unless applicable public health guidelines recommend the prescreening prior to administration of the vaccine.

We train our employees about the vaccines we offer, including the efficacy, safety, method of administration, the benefits of being vaccinated, and that they are offered free of charge. We strongly encourage our employees to receive the vaccinations, but employees have the option to decline to receive any of them. If an employee declines a vaccination, we have them sign the appropriate declination form, which will be kept in their employee file.

If an employee declines any of the vaccinations listed in the box above, we will have them sign the following declination for each declined vaccination:

### **Vaccination Declination Statement**

I understand that due to my occupational exposure to aerosol transmissible diseases, I may be at risk of acquiring infection with (*name of disease or pathogen*). I have been given the opportunity to be vaccinated against this disease or pathogen at no charge to me. However, I decline this vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring (*name of disease*), a serious disease. If in the future I continue to have occupational exposure to aerosol transmissible diseases and want to be vaccinated, I can receive the vaccination at no charge to me.

*(End of declination statement.)*

If the employee initially declines a vaccination but at a later date, while still covered under the standard, decides to accept the vaccination, we will make the vaccine available within 10 working days of receiving a written request from the employee.

### **For all referring employers**

We provide the seasonal influenza vaccination to all our employees during the period designated by the CDC (flu season), which generally begins in October and lasts through April.

We send our employees to [Type the name of the medical facility] to receive the seasonal influenza vaccine.

We train our employees about the influenza vaccine, including the efficacy, safety, method of administration, the benefits of being vaccinated, and that it is offered free of charge. We strongly encourage our employees to receive the vaccination, but employees have the option to decline to receive it. If an employee declines the seasonal influenza vaccination, we will have the employee sign the following declination, which will be kept in their employee file. This will be done each flu season.

### **Seasonal Influenza Vaccination Declination Statement**

I understand that due to my occupational exposure to aerosol transmissible diseases, I may be at risk of acquiring seasonal influenza. I have been given the opportunity to be vaccinated against this infection at no charge to me. However, I decline this vaccination at this time. I understand that by declining this vaccine, I continue to be at increased risk of acquiring influenza. If, during the season for which the CDC recommends administration of the influenza vaccine, I continue to have occupational exposure to aerosol transmissible diseases and want to be vaccinated, I can receive the vaccination at no charge to me.

*(End of declination statement.)*

If the employee later decides to accept the vaccination and it is still the period when the vaccine is available, then we will provide it to the employee within 10 days of receiving a written request from the employee.

If a vaccine is not available due to shortages or other reasons, we will document our efforts to obtain the vaccine in a timely manner and inform the employees of the status of vaccine availability, including a timeframe of when the vaccine is likely to become available. When this occurs, this is our procedure for communicating vaccine availability to our employees:

[Describe the procedure to communicate vaccine availability to employees when vaccines are not available.]

This is our procedure for documenting the unavailability of the influenza vaccine or other applicable recommended vaccine: [Describe the procedure for documenting unavailability of a vaccine.]

### **Latent TB Infection Screening**

A latent tuberculosis infection (LTBI) is a condition when the individual infected with the *M. tuberculosis* bacteria does not exhibit symptoms and cannot spread the infection to others. However, approximately 5 to 10% of these people will develop active, potentially contagious TB disease if untreated. LTBI screening helps to ensure that employees are provided with appropriate treatment for new TB infections and that previously unidentified occupational exposures are identified so that we may correct any deficiencies in our infection control procedures.

We offer latent TB infection screening (skin test, blood test, or screening questionnaire) annually to all employees who we determined to have reasonably foreseeable occupational exposures to ATD. We include employees if their occupational exposure risk is greater than that of employees in public contact operations that are not included within the scope of the ATD standard, such as bus drivers and retail clerks.

If applicable public health guidelines or the local health officer recommends more frequent testing, then we will comply with the recommendation.

We send our employees to the following facility for the LTBI screening:  
[Type the name of the facility or service used.]

Employees with a baseline positive TB test will receive an annual symptom screening questionnaire. If questionnaire results indicate further testing is needed, then we offer that employee a follow-up screening (PPD, blood test, or chest x-ray), using the following procedures: [Describe procedures to offer employees a follow-up screening when necessary.]

If employees experience a TB conversion (i.e., previous LTBI screening was negative, but now it is positive), we will refer them to the following PLHCP knowledgeable about TB for evaluation: [Type the name of the PLHCP who will evaluate employees who have a TB conversion.]

In the event of a TB conversion, we will also do the following:

1. Provide the PLHCP with a copy of this standard and the employee's TB test records. If we have determined the source of the infection, we will also provide any available diagnostic test results including drug susceptibility patterns relating to the source patient.
2. We will request that the PLHCP, with the employee's consent, perform any necessary diagnostic tests and inform the employee about appropriate treatment options.



3. We will request that the PLHCP determine if the employee is a TB case or suspected case and do all of the following if the employee is a case or suspected case:
  - a. Inform the employee and the local health officer in accordance with Title 17.
  - b. Consult with the local health officer and inform us of any infection control recommendations related to the employee's activity in the workplace.
  - c. Make a recommendation to us regarding precautionary removal due to suspect active disease, in accordance with subsection (h)(8), and provide us with a written opinion in accordance with subsection (h)(9).

The person responsible for ensuring that the above TB screening procedures are implemented is: [Type the name or job title here.]

When an employee experiences a TB conversion, the person who will receive the recommendations from the PLHCP on infection control and precautionary removal is: [Type the job title here]. This person will then communicate the recommendations to the following managers or staff members, if applicable: [Type the job titles of any managers or staff who will take part in implementing the PLHCP's recommendations].

In the event of a TB conversion, we will also record the case on the Cal/OSHA Form 300 Log of Work-Related Injuries and Illnesses by placing a check in the "respiratory condition" column and entering "privacy case" in the space normally used for the employee's name. We will also investigate the circumstances of the conversion and correct any deficiencies in the procedures, engineering controls, or PPE that were involved.

List the job titles and roles of staff involved in investigating the circumstances of the conversion and correcting deficiencies (*e.g., Administrator, infection preventionist, employee health coordinator, safety manager*): [Type the job titles and their roles.]

We will also document the investigation using the following procedure: [Describe the procedure for documenting investigations of TB conversions.]

If we subsequently find that the TB infection is not work-related, then we may remove the entry from the Cal/OSHA Form 300 Log.

## **Exposure Incidents**

In the event of an exposure incident, it is critical to inform exposed employees quickly and provide medical services in a timely manner to minimize the severity of illness and limit the spread of infection.

An exposure incident is an event where all of the following have occurred:

1. An employee has been exposed to an individual who is a case or suspected case of a reportable ATD, or to a work area or equipment that is reasonably expected to contain an aerosol transmissible pathogen associated with a reportable ATD.
2. The exposure occurred without the benefit of applicable exposure controls required by the Cal/OSHA ATD regulation Title 8 CCR 5199.
3. It reasonably appears from the circumstances of the exposure that transmission of disease is sufficiently likely to require medical evaluation.

A reportable ATD (RATD) is an aerosol transmissible disease that a health care provider is required to report to the local health officer, in accordance with Title 17 CCR, Division 1, Chapter 4.

In the context of this regulation, a health care provider is a physician and surgeon, a veterinarian, a podiatrist, a nurse practitioner, a physician assistant, a registered nurse, a nurse midwife, a school nurse, an infection control practitioner, a medical examiner, a coroner, or a dentist.

*(Choose one of the following three check boxes):*

- We are not a health care provider and do not employ any health care providers. Therefore, we are not required to report RATD cases or suspected cases to the local health officer.
- We are a health care provider. Therefore, when we determine that a person is an RATD case or suspected case, we will report the case to the local health officer, in accordance with title 17, observing the different time deadlines for different diseases.

Name/job title of person(s) responsible for reporting RATD cases and suspected cases to local health officer: **[Type the name or job title.]**

Contact information for the local health officer: **[Type the phone number or email address of local health officer.]**

- We are not a health care provider but we employ at least one health care provider. We will ensure that our health care provider employee who determines that a person is an RATD case or suspected case reports the

case to the local health officer, in accordance with title 17, observing the different time deadlines for different diseases.

Contact information for the local health officer: [Type the phone number or email address of local health officer.]

To see the current list of RATDs and the timeframes and methods in which they must be reported, we will refer to the California Department of Public Health, [Division of Communicable Disease Control](http://www.cdph.ca.gov/Programs/CID/DCDC/Pages/DCDC.aspx) home page: [www.cdph.ca.gov/Programs/CID/DCDC/Pages/DCDC.aspx](http://www.cdph.ca.gov/Programs/CID/DCDC/Pages/DCDC.aspx).

Contact information for the local health departments are also on the CDPH [California Conference of Local Health Officers](http://www.cdph.ca.gov/Programs/CCLHO/Pages/LHD%20Contact%20Information.aspx) webpage at: [www.cdph.ca.gov/Programs/CCLHO/Pages/LHD%20Contact%20Information.aspx](http://www.cdph.ca.gov/Programs/CCLHO/Pages/LHD%20Contact%20Information.aspx).

Regardless of whether we are required to report the case to the local health officer, we are required to determine, to the extent that the information is available in our records, whether any employees of other employers may have had contact with or been exposed to the case or suspected case. If so, we will notify the other employer(s) within a reasonable timeframe but no later than 72 hours after either the report is made to the local health officer or we became aware of the exposure incident. This allows the other employer(s) time to conduct their own analysis to determine which of their employees had significant exposure and to provide their employee(s) with effective medical intervention to prevent disease or mitigate the disease course.

We use the following procedures to determine whether other employers' employees may have had contact with the case or suspected case while working within our facility or operations: [Describe these determination procedures.]

Our procedures to notify other employers whose employees may have had significant exposure are as follows: [Describe these notification procedures.]

We are also required to notify our own employees who had significant exposure to the ATD case or suspected case. First, we will conduct an analysis of the exposure scenario to determine which of our employees had significant exposure. As required, we will complete this analysis within a timeframe reasonable for the specific disease, but no later than 72 hours after either our report to the local health officer or our receipt of notification from another facility or local health officer of the exposure.

We will document the analysis, recording the names and any other employee identifier used at the workplace of persons who were included in the analysis. We will also document the name of the person who made the determination and the identity of any PLHCP or local health officer consulted in making the determination.

The person(s) responsible for conducting and documenting this analysis is [Type the name(s) or job title(s) here.]

Our procedures for conducting this analysis are as follows (e.g., manager reviews patient chart to see which employees had contact with the ATD case or suspected case; manager interviews employees): [Describe the procedures for conducting analysis of exposure scenarios.]

If the analysis determines that either of the following conditions exist for an employee, then that employee does not require post-exposure follow-up and we will document the basis for the determination:

1. The employee did not have significant exposure.
2. Physician or other licensed health care provider (PLHCP) determined that the employee is immune to the infection.

We will make the exposure analysis available to the local health officer upon request.

Upon determining which of our employees had significant exposure, we will notify them of the date, time, and nature of their exposure within a timeframe reasonable for the specific disease but no later than 96 hours of becoming aware of the potential exposure.

Our procedures to notify our employees who had significant exposure are as follows: [Describe the procedures for notifying employees who had significant exposure.]

As soon as feasible, we will provide all our employees who had a significant exposure a post-exposure medical evaluation by a PLHCP knowledgeable about the specific disease. The medical evaluation will include appropriate vaccination, prophylaxis, and treatment. For *M. tuberculosis* (the group of different bacterial species that cause tuberculosis) and for other pathogens where recommended by applicable public health guidelines, this will also include testing of the isolate from the source individual or material for drug susceptibility, unless the PLHCP determines that it is not feasible.

We will send our employees to the following facility or provider for post-exposure medical evaluation: [Type the name of the facility here.]

We are a healthcare provider, so we will notify employees that they have the right to decline to receive the medical evaluation from us, and we will ensure that the employee receives post-exposure evaluation and follow-up from an outside PLHCP.

[Type the name or job title here] will provide the following information to the PLHCP who conducts the post-exposure medical evaluation and follow-up:

1. A description of the exposed employee's duties as they relate to the exposure incident.
2. The circumstances under which the exposure incident occurred.
3. 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.
4. All of our 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. A copy of 8 CCR [5199](#) and applicable public health guidelines.

We will request from the evaluating PLHCP an opinion on whether precautionary removal from the employee's regular job assignment is necessary to prevent the employee from spreading the disease agent and what type of alternative work assignment may be provided. We will request that any recommendation for precautionary removal be made immediately by phone or fax and also in writing.

The person responsible for requesting the written opinion is: [Type the name or job title here.]

We will obtain and provide the employee a copy of the PLHCP's written opinion within 15 working days of completion of all required medical evaluations.

We will provide the copy to the employee using the following procedure: [Describe the procedure for providing the employee a copy of the PLHCP's written opinion.]

If the PLHCP or local health officer recommends precautionary removal, we will maintain the employee's earnings, seniority, and all other employee rights and benefits until the employee is determined to be noninfectious. These rights include the employee's right to return to their former job status as if they had not been removed or otherwise medically limited.

For TB conversions and all RATD and ATP-L exposure incidents, the written opinion will consist of only the following information:

1. The employee's TB test status or applicable RATD test status for the exposure of concern.
2. The employee's infectivity status.
3. A statement that the employee has been informed of the results of the medical evaluation and has been offered any applicable vaccinations, prophylaxis, or treatment.
4. A 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.
5. Any recommendations for precautionary removal from the employee's regular assignment.