

CITY OF ALBANY

ALBANY POLICE DEPARTMENT

Aerosol Transmissible Diseases (ATD) Control Procedures

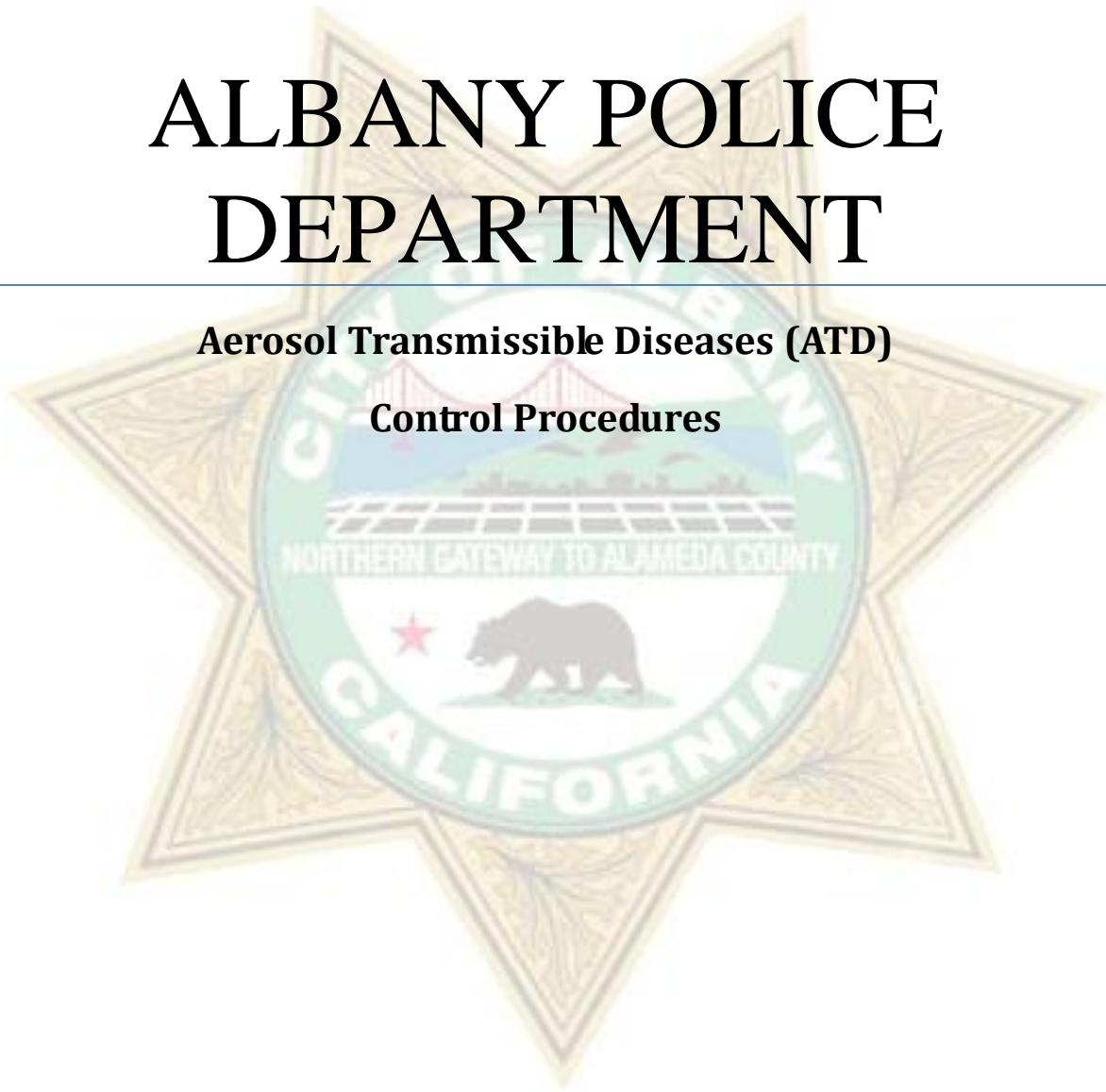


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APD RESPIRATORY CONTROL PROGRAM

1. POLICY

The intent of the Albany Police Department Aerosol Transmissible Diseases (ATD) Control Procedures is to promote safe work practices and to provide an environment that reduces occupational exposure to ATDs such as tuberculosis, SARS, meningitis, pertussis (whooping cough), and seasonal influenza. The objectives of the procedures are to:

- Protect our employees from illnesses associated with ATDs
- Provide appropriate treatment and counseling following an employee exposure incident.

These procedures have been established in accordance with the Cal/OSHA ATDs Standard, California Code of Regulations (CCR), Title 8, Section 5199.

2. SCOPE

The ATD Standard applies to police services provided during:

- Transport or detention of persons reasonably anticipated to be ATD cases
- Services provided in conjunction with health care or public health operations

Police services are considered a “referring employer” under the standard if the following conditions are met:

- There is a process in place to screen persons for further evaluation by a health care provider based on the readily observable ATD signs and symptoms.
- Suspected ATD cases are referred or transported to a facility that can provide appropriate diagnoses, treatment, and isolation
- Non-medical transport only is provided (i.e. medical services are not expected to be provided)

3. RESPONSIBILITIES

Chief of Police

The Chief of Police has the responsibility to:

- Designate the ATD Administrator
- Allocate resources and support to appropriately implement the ATD procedures including annual employee training
- Ensure employees comply with ATD procedures
- Review the results of the annual ATD procedure review and correct deficiencies if necessary

ATD PROGRAM ADMINISTRATION

The Patrol Lieutenant is the designated ATD Administrator and has the authority and full support of the Chief of Police to perform these duties. The Administrator has the responsibility to:

- Demonstrate knowledge in infection control principals and practices as they apply to the police department and operations
- Provide information on health alerts and community outbreaks from the local health officer during daily briefings
- Ensure ATD procedures are implemented in the department
- Determine department-specific methods for source control, cleaning / disinfection of work areas, vehicles and referrals
- Implement communication procedures to inform employees, and other employers involved in the exposure incident who may have had contact with the ATD case
- Document exposure incidents and implement the post-exposure evaluation process for affected employees
- Ensure employees receive initial and annual training in ATD procedures
- Offer required vaccinations and tuberculosis (TB) testing annually
- Maintain all required records for the ATD procedures, including employee medical records
- Conduct an annual review of the ATD procedures and provide a summary to the Chief

Watch Commanders/Supervisors

Watch Commanders / Supervisors have the responsibility to:

- Ensure compliance with the ATD procedures for employees under their direct supervision and control
- Train employees on department-specific safe work practices to reduce exposure to ATDs
- Ensure employees attend initial and annual training sessions
- Monitor the post-exposure evaluation process where an exposure incident has occurred

Police Officers/Employees

All exposed police officers and employees have the responsibility to:

- Recognize signs and symptoms of ATDs based on screening procedures
- Comply with safe work practices when exposure to a suspected ATD case occurs

- Provide input regarding the effectiveness of the procedures to the ATD Administrator, including input during the annual review
- Attend annual ATD training
- Receive vaccinations and annual TB testing offered by the department
- Follow post-exposure evaluation procedures if an exposure incident occurs

4. OCCUPATIONAL EXPOSURE DETERMINATION

Cal / OSHA defines an occupational exposure as exposure from work activity or working conditions that are reasonably anticipated to create an elevated risk of contracting an ATD if protection measures are not in place.

The following *Divisions* at the Albany Police Department have the potential for occupational exposure as defined in the standard:

- Sworn personnel (Patrol and Detective)
- Non-sworn personnel performing tasks that meet the definition of an occupational exposure (Police Service Technician II)

5. SCREENING PROCEDURES (Health Care Providers Not Available)

The Albany Police Department will initiate non-medical screening procedures based on readily observable symptoms and/or self-reports of the following conditions:

- Persistent cough for more than three weeks.
- Signs and symptoms of a flu-like illness between March and October (non-seasonal flu months) or for more than two weeks any time of year. Flu-like symptoms include coughing, fever, sweating, chills, muscle aches, weakness, malaise, or a combination.
- Person states he or she has a transmissible respiratory disease or an infections ATD case, excluding the common cold and seasonal flu.

The department screening criteria below are appropriate for persons in custody with suspected ATD. Screening may be performed at the department facilities, or in the field prior to transport where feasible. The privacy of the person(s) must be maintained during screening procedures.

Screening a potential TB case:

Cough for more than three weeks and one or more of the following symptoms:

- 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 must be referred to a health care provider for immediate evaluation, unless that person is already under treatment. Consider referring a person with any of the above symptoms if there is no alternative explanation.

Screening other potential ATD cases:

Other vaccine preventable ATDs, including pertussis ("whooping cough"), measles, mumps, rubella (German measles), and chicken pox, should be considered. 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 on 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

NOTE: Seasonal influenza does not require a referral. Examples of diseases requiring transfer to a health care facility include TB, severe acute severe respiratory syndrome (SARS), measles, chicken pox and pertussis. Refer to appendix A to review additional signs and symptoms for common ATDs.

Any person who exhibits any of the above described findings and/or reports contact with individuals known to have any of these transmissible illnesses in the past two to four weeks should be promptly evaluated by a health care provider. Proceed to the Referral Procedures in Section 6.*****.

Health officials may periodically issue alerts for community outbreaks of other diseases. Local public health authorities will provide screening criteria which will be communicated by the ATD Administrator during daily briefings.

6. Referral Procedures: *****

The ATD Administrator and/or on duty Watch Commander will be notified of a suspected ATD case requiring referral to a health care facility for further evaluation. If the ATD Administrator is not available, the on-duty Watch Commander will assume the responsibilities. Immediately implement the Source Control and Transmission Reduction Procedures in Section 7 until the person can be transferred.

7. Source Control and Transmission Reduction Procedures:

The department will provide temporary control measures to *protect employees* during the period of time when a person requiring referral is waiting for transfer to another facility. These procedures have applications in department facilities as well as in field operations where feasible.

Separation and masking of potential ATD source:

Move the person to a separate room or area. If a common area must be used, seat the person at least three feet away from others. (Consider using the juvenile holding room) Determine whether it is appropriate to offer the person awaiting transfer a surgical or procedure mask, tissues, and hand sanitizer or hand washing facilities. The source control supplies are located in the closet of the Albany Police Department booking room.

The person will be informed about the following police department controls to reduce the potential for disease transmission including:

- Cover your cough or sneeze with tissue and dispose of the tissue in the covered receptacle provided (where appropriate)
- Offer hand washing facilities for use (where appropriate)
- Wear the provided surgical or procedural mask (where appropriate)

NOTE: It is not necessary to offer a N95 respirator to the person awaiting transfer. Officers cannot insist on the use of source controls and must use judgment where the provision of alcohol-based hand sanitizers may be a security risk. Offering a surgical mask may not be advisable where the person is hand cuffed or in respiratory distress.

Use of employee respiratory protection where source controls are not practical

Employees will use a N95 respirator to enter the room or work area where a suspected ATD case is awaiting transfer where source control procedures are not feasible, or the source is non compliant with the controls (e.g. refuses or is unable to don a surgical or procedural mask). Employees shall use frequent hand hygiene when they come into contact with contaminated surfaces or articles. Cleaning and disinfection of the waiting area with appropriate personal protective equipment will be performed following transfer of the person. (See Section 9).

Respiratory protection use must be in compliance with the Albany Police Department's written respiratory Protection Program located in the officer's typing room. The police department is utilizing N95 particulate respirators for protection against potentially infectious aerosols. Supplies of the single use respirators are located at the Albany Police Department booking room and in patrol vehicles.

8. Transfer of Suspected ATD Cases

Transfers will occur within (5) hours of the identification of the suspected case.

The ATD Administrator or on-duty Watch Commander is responsible for determining if any of the following exceptions are applicable:

- If initial exposure to the suspected case occurs in the evening (after 3:30 p.m. and prior to 7 a.m.), the transfer must occur no later than 11:00 a.m.; or
- If the transfer cannot occur within the 5-hour period, the ATD Administrator will

document at the end of the 5-hour period and at least every 24 hours thereafter each of the following:

- The police department has contacted the local health officer and has determined there is no facility with an appropriate airborne infection isolation room or area available within that jurisdiction.
- Reasonable efforts have been made to contact establishments outside of that jurisdiction, as provided in procedures.
- All applicable measures recommended by the local health officer or the infection control physician or other licensed health care professional have been implemented.
- All employees who enter the room or area housing the individual are provided with and use appropriate personal protective equipment and N95 respiratory protection.

The local health officer contact information is provided below for suspected ATD cases that will require a period longer than five hours to transfer to a health care facility:

| | |
|------------------------|---|
| County Name: | Alameda County |
| Health Officer's Name: | Mantu Davis M.D. , M.P.H. |
| Address: | 1000 Broadway, Room 500 Oakland, CA 94607 |
| E-mail: | Mantu.Davis@acgov.org |
| Phone Number: | OFFICE: (510) 267-8010 |
| Fax Number: | FAX: (510) 267-3223 |

Transport by emergency medical services

Officers required to accompany the suspected ATD case in the ambulance will use N95 respirator protection, *unless the use of respiratory protection would result in a safety hazard.*

9. Cleaning and Disinfection Procedures

The police department is required to clean and disinfect all contaminated work surfaces with the approved sanitizer after any exposure from a suspected or confirmed ATD case. Contaminated work surfaces include exposed areas at the police station and all transport vehicles.

The on-duty supervisor will ensure a police vehicle is disinfected each time a suspect is transported in a police vehicle.

The approved cleaning and disinfecting materials (Diversey “Envy” foaming disinfectant spray cleaner, disinfectant wipes, latex/nitrile gloves and N95 respirators) are located in the booking room storage closet. The on-duty supervisor will assign an officer to be responsible for cleaning and disinfecting the contaminated area.

10. Communication Procedures

The ATD Administrator is responsible for communicating with department employees who have had contact with a suspected ATD case when another employer, local health authority or the health care provider notify the department of a confirmed ATD case. **The police department is also responsible for communicating the information to other employers involved in the exposure incident. (E.g. Fire Department, Ambulance Service) To the extent that exposure information is available.**

When the diagnosing health care facility reports an ATD case to the local public health officer, the department will receive notification of a confirmed case from the health care facility and/or local public health officer. The ATD Administrator or the Watch Commander is responsible for implementing the following communication procedures upon notification:

Receive feedback from the local health authority or the health care provider on the disease status of the suspected ATD case.

All calls related to information regarding the status of a suspected ATD case from the local health authority or health care facility where patients were referred will be directed to the ATD administrator or in their absence the on-duty Watch Commander. Information will be tracked on the ATD Notification tracking log (Appendix F)

***Immediately* contact other employers who had employees involved in the specific exposure incident, no later than 72 hours after receiving notification. (Note: This is a maximum timeframe and would not be considered appropriate for an illness such as meningitis where life threatening illness may develop within 48 hours. The department will adjust the timeframe depending on the nature of the specific illness and input from the local health officer.)**

The notification must include:

- The date, time and nature of potential exposure**
- Any additional information that would allow other employers to evaluate the potential exposure to their employees**

The department will not provide the identity of the source patient to other employers.

Information regarding the potential exposure to other employers will be communicated to the other employer's available manager or supervisor. (Refer to Appendix E for contact information for agencies/employers we have frequent interaction).

The date, time and identity of the manager or supervisor will be documented on the Aerosol Transmissible Disease Exposure Incident and Notification Checklist (Appendix C).

***Immediately* communicate with affected department employees about the confirmed ATD case and indicate that an exposure analysis is in progress with completion expected no later than 96 hours after receiving notification. (Note: This is a maximum timeframe and would not be considered appropriate for an illness such as meningitis where life threatening illness may develop within 48 hours. The department will adjust the timeframe depending on the nature of the specific illness and input from the local health officer.) The on duty supervisor will notify the affected employee via phone or in person if still on duty.**

Begin the analysis of the exposure incident and report the results to the affected employees within 72 hours after receiving notification except where the nature of the illness requires immediate action.

Notify affected employees of the results of the analysis within 96 hours of receiving notification except where the nature of the illness requires immediate action. Refer employees with significant exposure for medical evaluation as soon as possible. (See Section 11)

11. Exposure Incident Analysis and Post-Exposure Evaluation

ATD Exposure Incident Analysis

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

- An employee has been exposed to a person who is a case/suspected case of a reportable ATD, and
- Source control and risk reduction measures were not present or utilized, and
- It reasonably appears from the circumstances of the exposure that transmission of the ATD is likely to require medical evaluation

If an exposure incident occurs, the police department will take the following steps within 72 hours after receiving notification except where the nature of the illness requires immediate action:

- The ATD Administrator will conduct an analysis of the exposure scenario to determine which employees had significant exposures. ATD Exposure Incident and Notification Checklist will be used to document the incident analysis (Appendix C).
- The ATD Administrator will notify employees who had significant exposure of the date, time, and nature of the exposure.
- The ATD Administrator will determine if any other employer's employees have been exposed and notify the employer.

Post-Exposure Evaluation and Follow-Up

In the event of an exposure incident, the police department will provide a post-exposure medical evaluation, as soon as feasible, to all employees who had a significant exposure. All post-exposure evaluations will be performed by the department's designated medical clinic or the employee's pre-designated physician.

The police department will provide the health care professional with the following information:

- A copy of CCR, Title 8; Section 5199 located at <http://www.dir.ca.gov/title8/5199.html>
- A description of the exposed employee's duties as they relate to the exposure incident
- The circumstances under which the exposure incident occurred
- Any available diagnostic information relating to the source for the exposure that could assist in the medical management of the employee
- The police department's medical records for the exposed employee(s)

The police department will request the following information from the health care professional:

- An opinion regarding whether precautionary removal from the employee's regular assignment is necessary to prevent spread of the disease agent and what type of alternate work assignment may be provided

A written opinion from the health care professional limited to the following information:

- The employee's test and infectivity status
- 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
- A statement that the employee has been told about any medical conditions resulting from the exposure that require further evaluation or treatment
- Any recommendations for precautionary removal from the employee's regular assignment
- Any limitations on respirator use related to the medical condition of the employee or the working conditions in which the respirator will be used

All other findings or diagnoses will remain confidential and will not be included in the written report. The police department will obtain and provide the employee with a copy of the written opinion within 15 working days from the completed medical evaluation.

12. Medical Services

Vaccination Recommendations

The police department offers and recommends all employees in the identified job classifications in Section 4 receive the following vaccination at no cost to the employee:

| Vaccine | Schedule |
|--------------------|-------------------|
| Seasonal Influenza | One dose annually |

If the employee declines to accept the vaccination, he or she must sign the Declination Statement (Appendix B) and forward it to the ATD Administrator for required record keeping.

NOTE: Seasonal influenza vaccine shall be provided during the period designated by the CDC for administration and need not be provided outside of those periods.

Latent Tuberculosis Infection (LTBI) Annual Test

The police department maintains a surveillance program for LTBI. All employees in the identified job classifications in Section 4 will receive annual TB tests. (Refer to Appendix D for the complete definition of LTBI).

Employees with a positive baseline TB test shall have an annual symptom(s) screen.

If the employee's TB test indicates a conversion (a change in the TB test results from negative to positive) the police department will refer the employee to the department's designated medical clinic or the employee's pre-designated physician.

In the case of a conversion, the department is responsible for following requirements in the standard:

Provide a copy of the ATD standard (8 CCR 5199) and the employee's TB test records to the health care provider.

- If the department has determined the source of the infection, the department will also provide any available diagnostic test results including drug susceptibility patterns relating to the source patient.
- The department will request, with the employee's consent, that the health care provider perform any necessary diagnostic tests and inform the employee about appropriate treatment options.
- The department will request that the health care provider determine if the employee(s) are a TB case or suspected case, and to do all of the following:
 - Inform employee(s) and the local health officer in accordance with Title 17
 - Consult with local health officer and inform the employer of any infection control recommendations related to the employee's activity in the workplace
 - Recommend whether precautionary removal from the employee's regular assignment is necessary to prevent the spread of disease by the employee(s) and what type of alternate work assignment may be provided. The department will request the recommendation for precautionary removal immediately via phone or fax and that a written opinion within 15 days containing the information outlined in paragraph (h)(9) of the standard.

In cases where the health care provider or local health officer recommends precautionary removal from regular job duties, the department will maintain the employee's earnings, seniority, and 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/her job. These provisions do not extend to any period of time during which the employee is unable to work for reasons other than precautionary removal.

13. Training

All employees with an occupational exposure will receive training:

- At the time of initial assignment to tasks where occupational exposure may occur
- At least annually thereafter
- When changes such as introduction of new engineering or work practice controls or modification of tasks affect the employee's occupational exposure

Training will be interactive and tailored to the education and language level of all exposed police department employees. It will include the following:

- An explanation of ATDs including the signs and symptoms that require further medical evaluation
- Screening methods and referral procedures
- Source control measures and how these measures will be communicated to persons the employees contact
- Procedures for temporary risk reduction measures prior to transfer
- Respiratory protection training
- Review of the medical services provided
- Exposure incident reporting procedures and communication procedures
- Vaccine information and education
- Location of written procedures (ATD Control Procedures and Respiratory Protection Program) and how employees can provide feedback on the effectiveness of the procedures

The training will be offered during the normal work shift and will include an opportunity for questions and answers with a person who is knowledgeable about the police department's exposures and ATD control procedures. Training not given in person (e.g. web-based training or training videos) shall provide for interactive questions to be answered within 24 hours by a knowledgeable person.

14. Record Keeping

The ATD Administrator will maintain:

- Employee training records
- Employee medical records (including vaccination records, declination forms, post-exposure evaluations)
- Exposure incident records (including the ATD Suspect Case Referral Log Appendix G)
- Respiratory Protection Program records per Title 8 CCR Section 5144, Respiratory Protection and the department program
- Records of annual ATD procedures review

Employee training records will include the following information:

- The date(s) of the training session(s);
- The contents or a summary of the training session(s);
- The names and qualifications of persons conducting the training or those who are designated to respond to interactive questions; and
- The names and job titles of all persons attending the training sessions.

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

Employee medical records for each employee with an occupational exposure incident will include:

- The employee name and employee identification.
- The employee's vaccination status since employed with the Albany Police Department. This includes dates of vaccinations, declination statements, and medical records relative to the employee's ability to receive vaccinations.
- A copy of examinations results, medical testing, evaluation, and follow up of exposure incidents.

A copy of all written opinions provided by the health care professionals as required and following an exposure incident and/or the results of TB assessments.

The Albany Police Department will ensure employees medical records are kept confidential and not disclosed or reported without the employee's written consent to any person within or outside the workplace except as required by this standard and by law. Medical records are retained and coordinated by the Human Resources Department.

Records will be maintained per Title 8, CCR, Section 3204, Access to Employee Exposure and Medical Records, and made available upon employee request. Employee medical records will be maintained for at least the duration of employment plus 30 years.

15. ATD Control Procedures Review

An annual review of the ATD Control Procedures will be conducted by the ATD Administrator and by employees regarding the effectiveness of the procedures in their respective work areas. Deficiencies found will be corrected. The review(s) will be documented in writing and reviewed by the Chief of Police. Corrective actions will be initiated where identified.

Appendix - A

Signs and Symptoms of Common Aerosol Transmissible Diseases

Acellular Pertussis (Whooping Cough)

- Severe coughing spell that ends in a “whooping” sound
- Runny nose
- Sneezing
- Low-grade fever

Diphtheria

- Sore throat/hoarseness
- Painful swallowing
- Swollen glands (neck)
- Thick, gray membrane covering throat and tonsils
- Rapid breathing
- Fever and chills

Influenza/H1N1

- No energy
- High fever 100-105 F
- Bad headaches
- Aching muscles/joints
- Eye pain, discomfort in bright light
- Coughing and sore throat
- Shortness of breath
- Persistent vomiting
- Confusion and dizziness

Measles (Rubella)

- Full body rash – small red spots with white center inside the mouth
- Hacking and coughing
- Runny nose
- High fever
- Red eyes

Mumps

- Swelling of the salivary glands
- Fever lasting two-three days
- Sore muscles
- Loss of appetite
- Headache
- Earache aggravated by chewing
- Aversion to light and a stiff neck
- Abdominal pain, nausea, and vomiting

Severe Acute Respiratory Syndrome (SARS)

- An overall feeling of discomfort
- Headache
- Body aches Chills
- Sore throat
- Runny nose
- Diarrhea

Tetanus

- Fever
- Breathing difficulty
- Stiffness and spasms in the jaw, neck, chest, back and abdomen

Tuberculosis

- Unexplained weight loss
- Fatigue
- Fever
- Night sweats
- Chills
- Loss of appetite
- Coughing that last three or more weeks
- Coughing up blood
- Chest pain with breathing or coughing

Vericella Zoster (VZV) – Chickenpox

- Blisters filled with fluid
- Mild fever
- Backache
- Headache
- Sore throat
- Rash (red spots)

Appendix B

Seasonal Influenza Vaccination Declination Statement (Mandatory)

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 vaccination, I continue to be at an increased risk of acquiring influenza. If during the season for which the Centers for Disease Control and Prevention 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.

Employee Signature

Date

Appendix C

Aerosol Transmissible Disease Exposure Incident and Notification Checklist

(Refer to section 11- Exposure Incident and Post Exposure Evaluation for additional information and direction)

| | |
|--|---|
| Date and time of exposure: (beginning to end): | |
| Exposure location(s) (station / on-scene) | |
| Name of Source / Confirmed Case: | |
| Emergency Medical Transport (Name / Phone): | Did an officer accompany the patient in an ambulance? _____ What was the approximate duration of the officer(s) exposure? _____ |
| Department Vehicle Transport (Vehicle Identification number) | Did the source wear a surgical mask during transport? _____ Did officer(s) wear an N95 Respirator during transport? _____ Were cleaning and disinfection procedures performed following transfer? _____ |
| Department Facility | Was the source detained at the station? _____ What was the duration of exposure prior to transfer to a health care facility / correctional facility? _____ Were source controls (surgical mask) used by the case? _____ Did officers use an N95 respirator when they were in contact with the case? _____ Were cleaning and disinfection procedures performed following transfer? _____ |
| Health Care Provider (Name / Phone) | <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> |
| | |

| | |
|--|-------------------|
| Name(s) of exposed employees: | <hr/> <hr/> <hr/> |
| Name(s) of other employer's exposed employees: | |

Appendix C (Continued)

Aerosol Transmissible Disease Exposure Incident and Notification Checklist

- Conduct an analysis of the exposure scenario within 72 hours of receiving notification of a reportable ATD case. *(The police department must respond to the nature of the illness. In some cases, such as Meningitis the response must be immediate).*
- Notify police department's employees of their exposure within 96 hours of receiving notification by the health care provider or local health officer.
- Notify other employers who had potential exposure to the confirmed case within 72 hours.
- Provide post-exposure medical evaluations to all employees with significant exposure as soon as possible. What is reasonable will depend on the specific disease and the recommendations of the local health officer.
- Obtain recommendations regarding precautionary removal and written opinion from the medical provider per the standard.

Additional Comments and observations:

| | |
|----------------------|--------------|
| Completed by: | Date: |
|----------------------|--------------|

Appendix D

Definitions

For a complete list of definitions found in the ATD standard, refer to Cal/OSHA Title 8, Chapter 4, Section 5199; Subsection (b) at <http://www.dir.ca.gov/title8/5144.html>

Aerosol Transmissible Diseases (ATD) or Aerosol Transmissible Pathogen (ATP)

A disease or pathogen for which droplet or airborne precautions are required, as listed in the Appendix A of the standard.

Airborne Infection Isolation (AII)

Infection control procedures as described in Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Health-Care Settings. These procedures are designated to reduce the risk of transmission of airborne infections pathogens, and apply to patients known or suspected to be infected with epidemiologically important pathogens that can be transmitted by the airborne route.

Airborne Infection Isolation Room or Area (AIIR)

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 infections pathogens and that meets the requirements stated in subsection (e)(5)(D) of this standard.

Airborne Infectious Diseases (AirID)

Either: (1) an aerosol transmissible disease transmitted through dissemination of airborne droplet nuclei, small particle aerosols, or dust particles containing the infectious agent, and for which the CDC or CDPH recommends All, as listed in Appendix A, or (2) a novel or unknown pathogen for which there is no evidence to rule out with reasonable certainty the possibility that is transmissible through dissemination of airborne droplet nuclei, small particle aerosols, or dust particles containing the novel or unknown pathogen.

Airborne Infectious Pathogen (AirIP)

Either: (1) 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 CDC or CDPH recommends All, as listed in Appendix A, or (2) 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.

CDC

United States Centers for Disease Control and Prevention www.cdc.gov.

CDPH

California Department of Public Health and its predecessor, the California Department of Health Services (CDHS).

Case

Either of the following:

- (1) A person who has been diagnosed by a health care provider who is lawfully authorized to diagnose, using clinical judgment or laboratory evidence, to have a particular disease or condition.
- (2) A person who is considered a case of a disease or condition that satisfies the most recent communicable disease surveillance case definitions established by the CDC and published in the Morbidity and Mortality Weekly Report (MMWR) or its supplements

Droplet Precautions

Infection control procedures as described in Guideline for Isolation Precautions 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 5µm in size) containing microorganisms generated from a person who has a clinical disease or who is a carrier of the microorganism.

Emergency Medical Services

Medical care provided pursuant to Title 22, Division 9, by employees who are certified EMT-1, certified EMT-II, or license paramedic personnel to the sick and injured at the scene of an emergency, during transport, or during interfacility transfer.

Exposure Incident

An event in which 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 to equipment that is reasonable expected to contain ATPs associated with a reportable ATD; and (2) The exposure occurred without the benefit of applicable exposure controls required by this section, and (3) It reasonably appears from the circumstances of the exposure that transmission of disease is sufficiently likely to require medical evaluation.

Field Operation

An operation conducted by employees that is outside of the employer's fixed establishment, such as paramedic and emergency medical services or transport, law enforcement, home health care, and public health.

Guideline for Isolation Precautions

The Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare settings, June 2007, CDC, which is hereby incorporated by inference for the sole purpose of establishing requirements for droplet and contact precautions.

Health Care Provider

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, or a dentist.

Health Care Worker

A person who works in a health care facility, service or operation, or who has occupational exposure in a public health service described in subsection (a)(1)(D).

High Hazard Procedures

Procedures performed on a person who is a case or suspected case of an aerosol transmissible disease or on a specimen suspected of containing an ATP-L, in which the potential for being exposed to an 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, and pulmonary function testing. High Hazard Procedures also include, but are not limited to, autopsy, clinical, surgical and laboratory procedures that may aerosolize pathogens.

Individually Identifiable Medical Information

Medical information that includes or contains any element of personal identifying information sufficient to allow identification of the individual, such as the patient’s name, address, electronic mail address, telephone number, or social security number, or other information that, alone or in combination with other publicly available information, reveals the individual’s identity.

Infection Control PLHCP

A PLHCP who is knowledgeable about infection control practices, including routes of transmission, isolation precautions and the investigation of exposure incidents.

Initial Treatment

A PLHCP who is knowledgeable at the time of the first contact a health care provider has with a person who is potentially an AirID case or suspected case. Initial treatment does not include high hazard procedures.

Latent TB Infection (LTBI)

Infection with *M. tuberculosis* in which bacteria are present in the body, but are inactive. Persons who have LTBI but who do not have TB disease are asymptomatic, do not feel sick and cannot spread TB to other persons. They typically react positive to TB tests.

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, Section 2500 requires that reports be made to the local health officer for the jurisdiction where the patient resides.

M. tuberculosis

Mycobacterium tuberculosis complex, which includes *M. tuberculosis*, *M. bovis*, *M. africanum*, and *M. microti*. *M. tuberculosis* is the scientific name of the group of bacteria that cause tuberculosis.

Negative Pressure

A relative air pressure difference between two areas. The pressure in a containment room or area that is under negative pressure is lower than adjacent areas, which keeps air from flowing out of the containment facility and into adjacent rooms or areas.

Non-medical Transport

The transportation by employees other than health care providers or emergency medical personnel during which no medical services are reasonably anticipated to be provided.

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.

NOTE: Variants of the human influenza virus that typically occur from season to season are not considered novel or unknown ATPs if they do not differ significantly in virulence or transmissibility from existing seasonal variants. Pandemic influenza strains that have not been fully characterized are novel pathogens.

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 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, services categories and operations listed in subsection (a)(1) of this standard. Occupational exposure is presumed to exist to some extent in each of the facilities, services and operations listed in subsection (a)(1)(I). Whether a particular employee has occupational exposure depends on the tasks, activities, and environment of the employee, and therefore, some employees of a covered employer may have no occupational exposure. For example, occupational exposure typically does not where a hospital employee works only in an office environment separated from patient care facilities, or works in other areas separate from those where the risk of ATD transmission, whether from patients or contaminated items, would be elevated without protective measures. It is the task of employers covered by this standard to identify those employees who have occupational exposure so that appropriate protective measures can be implemented to protect them as required. Employee activities that involve having contact with, or being within exposure range of cases or suspected cases of ATD, are always considered to cause occupational exposures. Similarly, employee activities that involve contact with, or routinely being within exposure range of, populations served by facilities identified in subsection (a)(1)(E) are considered to cause occupational exposure. Employees working in a laboratory areas in which ATPs-L are handled reasonably anticipated to be present are also considered to have occupational exposure.

Physician or Other Licensed Health Care Provider (PLHCP)

An individual who is legally permitted scope or practice (i.e., license, registration, or certification) allows him or her to independently provide, or be delegated the responsibility to provide, some or all of the health care services required by this section.

Public Health Guidelines

- (1) In regards to tuberculosis, applicable guidelines published by the CTCA and/or CDPH as follows, which are hereby incorporated by reference.
 - (A) Guidelines for Tuberculosis (TB) Screening and Treatment of Patients with Chronic Kidney Disease (CKD), Patients Receiving Hemodialysis (HD), Patients Receiving Peritoneal Dialysis (PD), Patients Undergoing Renal Transplantation and Employees of Dialysis Facilities, May 18, 2007.
 - (B) Guideline for the Treatment of Active Tuberculosis Disease, April 15, 2003 including related material: Summary of Differences Between 2003 California and National Tuberculosis Treatment Guidelines, 2004, Amendment to Joint CDHS/CTCA Guidelines for the Treatment of Active Tuberculosis Disease, May 12, 2006, Appendix 3 – Algorithm for MDR-TB Cases and Hospital Discharge, May 12, 2006.
 - (C) Targeted Testing and Treatment of Latent Tuberculosis Infection in Adults and Children May 12, 2006.
 - (D) California Tuberculosis Controllers Association Position Statement: The Utilization of QuantiFERON – TB Gold in California, May 18, 2007.
 - (E) Guidelines for Mycobacteriology Services in California, April 11, 1997.

- (F) Guidelines for Placement or Return of Tuberculosis Patients into High Risk Housing, Work, Correctional, or In-Patient Settings, April 11, 1997.
 - (G) Contact Investigation Guidelines, November 12, 1998.
 - (H) Source Case Investigation Guidelines, April 27, 2001.
 - (I) Guidelines on Prevention and Control of Tuberculosis in California Long-Term Health Care Facilities, October 2005.
 - (J) Guidelines for Reporting Tuberculosis Suspects and Cases in California, October 1997.
 - (K) CTCA recommendations for serial TB testing of Health Care Workers (CA Licensing and Certification), September 23, 2008.
- (2) In regards to vaccine-preventable diseases, the publication cited in the definition of Epidemiology and Prevention of Vaccine-Preventable Diseases.
 - (3) In regards to any disease or condition not addressed by the above guidelines, recommendations made by the CDPH or the local health officer pursuant to authority granted under the Health and Safety Code and/or Title 17, California Code of Regulations.

Referral

The directing or transferring of a possible ATD case to another facility, service or operation for the purpose of transport, diagnosis, treatment, isolation, house or care.

Referring Employer

Any employer that operates a facility, service, or operation in which there is occupational exposure and which refers AirID cases and suspected cases to other facilities. Referring facilities, services and operations do not provide diagnosis, treatment, transport, housing, isolation or management to persons requiring all. General acute care hospitals are not referring employers. Law enforcement, corrections, public health, and other operations that provide not only non-medical transport for referred cases are considered referring employers if they do not provide diagnoses, treatment, housing, isolation or management of referred cases.

Reportable Aerosol Transmissible Disease (RATD)

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 aerosol transmissible disease (ATD).

Respirator

A device which has met the requirements of 42 CFR Part 84, has been designed to protect the wearer from inhalation of harmful atmospheres, and has been approved by NIOSH for the purpose for which it is used.

Respirator User

An employee who in the scope of their current job may be assigned to tasks which may require the use of a respirator, in accordance with subsection (g).

Respirator Hygiene/Cough Etiquette in Health Care Settings

Respirator Hygiene/Cough Etiquette in Health Care Settings, CDC, November 4, 2004, which is hereby, incorporated by reference for the sole purpose of establishing requirements for source control procedures. (Website)

Screening (Health Care Provider)

The initial assessment of persons who are potentially AirID or ATD cases by a health care provider in order to determine whether they need airborne infections isolation or need to be referred for further medical evaluation or treatment to make that determination. Screening does not include high hazard procedures.

Screening (Non Health Care Provider)

The identification of potential ATD cases through readily observable signs and the self-report of patients or clients. Screening does not include high hazard procedures.

Significant Exposure

An exposure to a source of ATPs or ATPs-L in which the circumstances of the exposure make the transmission of a disease sufficiently likely that the employee requires further evaluation by a PLHCP.

Source Control Measures

The use of procedures, engineering controls, and other devices or materials to minimize the spread of airborne particles and droplets from an individual who has or exhibits signs or symptoms of having an ATD, such as persistent coughing.

Surge

A rapid expansion beyond normal services to meet the increased demand for qualified personnel, medical care, equipment, and public health services in the event of an epidemic, public health emergency, or disaster.

Susceptible Person

A person who is at risk of acquiring an infection due to lack of immunity as determined by a PLHCP in accordance with applicable public health guidelines.

Suspected Case: Either of the following:

- (1) A person whom a health care provider believes, after weighing the signs, symptoms, and/or laboratory evidence, to probably have a particular disease or condition listed in Appendix A.
- (2) A person who is considered a probable cause, or an epidemiologically-linked case, or who has supportive laboratory findings under the most recent communicable disease surveillance case definition established by CDC and published in the Morbidity and Mortality Weekly Report (MMWR) or its supplements as applied to a particular disease or condition listed in Appendix A.

TB Conversion

A change from negative to positive as indicated by TB test results, based upon current CDC or CDPH guidelines for interpretation of the TB test.

Test for Tuberculosis Infection (TB Test)

Any test, including the tuberculin skin test and blood assays for M. Tuberculosis (BATM) such as interferon gamma release assays (IGRAs) which: (1) has been approved by the Food and Drug Administration for the purpose of detecting tuberculosis infection, and (2) is recommended by the CDC for testing for TB infection in the environment in which it is used, and (3) is administered, performed, analyzed and evaluated in accordance with those approvals and guidelines.

NOTE: Where surveillance for LTBI is required by Title 22, CCR, and the TB test must be approved for this use by CDPH.

Tuberculosis (TB)

A disease caused by M. Tuberculosis

Appendix E

ATD Exposure Notification Checklist for Outside Agencies

| <u>Agency</u> | <u>Street address</u> | <u>City, State</u> | <u>Work phone</u> | <u>Dispatch</u> | <u>Fax</u> |
|---|------------------------------|-------------------------------|-------------------|-----------------|--------------|
| A C Transit | 1600 Franklin St. | Oakland, Ca 94612 | 510-891-4700 | | |
| Alameda County Adult Probation | 400 Broadway, P.O. Box 2059 | Oakland, Ca 94604 | 510-268-7050 | | |
| Alameda County Hospital "Highland" | 1411 East 31st Street | Oakland, CA. 94602 | 510-437-4800 | | |
| Alameda County Juvenile Hall | 2500 Fairmont Sr. | San Leandro, CA 94578 | 510-667-4970 | | |
| Alameda County Juvenile Probation | 400 Broadway | Oakland, CA 94706 | 510-268-7050 | | |
| Alameda County Sheriff's Office | 2000 150th Ave. | San Leandro Alameda, CA 94501 | 510-667-7721 | | |
| Alameda Police and Fire | 1555 Oak St. 1001 Marin Ave. | Albany, CA 94706 | 510-337-8340 | | |
| Albany Fire Department | 544 Cleveland Ave. | Albany, CA 94706 | 510-528-5770 | | |
| Albany Public Works | 2450 Ashby Ave. | Berkeley, CA 94705 | 510-524-9543 | | |
| Alta Bates Hospital Berkeley | 640 143rd Ave. | San Leandro, CA 94578 | 510-204-4444 | | |
| American Medical Response Ambulance Company | | Oakland, CA 94607 | 510-895-7600 | 888-650-5472 | 510-895-7617 |
| Amtrak Police | 245 2nd St. | Oakland, CA 94607 | 800-331-0008 | | |
| Bart Police Department | 800 Madison | Oakland, CA 94607 | 877-679-7000 | 510-464-7000 | |
| Berkeley Police & Fire Department | 2100 Martin | Berkeley, CA | 510-981-5900 | | |

| | | | | |
|---|------------------------|-------------------------------------|--------------|----------------------------------|
| | Luther King Way | 94704 | | |
| California Department of Corrections & Parole - Region II | 1515 Clay St. | Oakland, CA 94612 | 510-622-4701 | |
| California Highway Patrol - Golden Gate Division | 1551 Benicia Rd. | Vallejo, CA 94591 | 707-551-4180 | |
| California Highway Patrol - Oakland | 3601 Telegraph Ave. | Oakland, CA 94609 | 510-450-3821 | |
| Contra Costa County Sheriff's Office | 651 Pine St. 7th floor | Martinez, CA 94553 | 925-335-1500 | |
| East Bay Regional Parks Police | 17930 Lake Chabot Rd. | Castro Valley, CA 94546 | 510-881-1833 | |
| El Cerrito Police and Fire department | 10900 San Pablo 5780 | El Cerrito, CA Emeryville, CA 94608 | 510-215-4400 | 510-237-3233 |
| Emeryville Police and Fire Department | Shellmound St. | San Francisco, CA 94103 | 510-596-3700 | 510-653-5883 |
| Federal Protective Services | 450 Golden Gate Ave. | Oakland, Ca 94611 | 877-437-7411 | 877-437-7411 |
| Kaiser Oakland | 280 West Macarthur | | 510-752-1000 | |
| Kaiser Richmond | 901 Nevin Ave. | Richmond, CA 94801 | 510-307-1500 | |
| Kensington Police Department | 217 Arlington Ave. | Kensington, CA 94707 | 510-526-4141 | 510-236-0474 |
| Oakland Police and Fire | 455 7th St. | Oakland, CA 94607 | 510-238-3455 | 510-777-3333 |
| Piedmont Police and Fire Department | 120 Vista Ave. | Piedmont, CA | 510-420-3000 | |
| Richmond Police and Fire Department | 1701 Regatta | Richmond, CA 94801 | 510-620-6655 | 510-620-6880 |
| San Francisco Police and Fire | 850 Bryant St. | San Francisco, CA 94103 | 415-553-0123 | 415-553-1554 |
| San Pablo Police Department | 13880 San Pablo Ave. | San Pablo, CA 94806 | 510-215-3130 | 510-233-1214 |
| U.C. Berkeley Police Department | 1 Sproul Hall | Berkeley, CA 94702 | 510-642-6760 | 510-643-4655 |
| Union Pacific Railroad Police | | | | 1-888-877-7267 |
| United States Coast Guard | Coast Guard Island | Alameda, CA 94501 | 510-437-5648 | 510-453-6903 OOD 510-437-3391 |

Appendix F:



Appendix G:

