# Aerosol Transmissible Diseases Exposure Control Plan

UNIVERSITY POLICE DEPARTMENT

San Francisco State University

ENVIRONMENT, HEALTH, AND SAFETY MAY 2022

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# 1. Overview of the ATD Standard

The California Occupational Safety and Health Administration (Cal/OSHA) Aerosol Transmissible Disease (ATD) Standard (8 CCR 5199) applies to employees in healthcare facilities, maintenance employees working in these facilities, emergency responders and emergency medical transporters, and employees in research laboratories that are presumed to have an elevated risk of contracting a disease caused by aerosol transmissible pathogens.

Update: May 2022

There are three categories of aerosol transmissible diseases and pathogens covered under the ATD standard.

- 1. Diseases and pathogens for which airborne infection isolation or droplet precautions are required (§5199 Appendix A)
- 2. Laboratory pathogens capable of causing disease through laboratory generated aerosols, including those pathogens requiring handling at biosafety level 3, and other listed in §5199 Appendix D.
- 3. Zoonotic ATSs/ATPs (§5199.1) defined as diseases/disease agents that are transmissible form animals to humans by aerosol (via droplets or airborne route) and capable of causing human disease.

There are three categories of employers covered by the ATD Standard:

- 1. Referring employers Refer or transfer patients to hospitals or other medical treatment providers. Police services fall into this category.
- 2. Laboratory employers Handle pathogens requiring biosafety level 3 controls or are listed in *§5199 Appendix D*.
- 3. Full-standard employers All other employers covered by the ATD Standards that provide diagnosis, treatment, and other services to people requiring airborne infection isolation.

# 1.1 Important ATD Definitions

An **aerosol** is a solid particle or liquid droplet suspended in air (or another gas), even temporarily. Examples include a droplet with influenza virus emitted through a cough or sneeze, or a dust particle with hantavirus aerosolized by sweeping debris soiled with infected deer mouse urine.

An aerosol transmissible disease (ATD) is a disease that can be transmitted by either 1) inhaling particles/droplets; or 2) direct contact between particles/droplets and mucous membranes in the respiratory tract or eyes.

An aerosol transmissible pathogen (ATP), means a pathogen that, when present in an aerosol and with sufficient exposure, may result in **disease** transmission.



Update: May 2022

Airborne droplets visible during speezing (photo enhanced)

San Francisco State University is committed to providing a safe and healthful work environment. In pursuit of this goal, the following exposure control plan (ECP) is intended to eliminate or minimize occupational exposure to aerosol transmissible pathogens in accordance with Cal/OSHA standard 8 CCR 5199, "Aerosol Transmissible Diseases."

# 1.2 Applicability to University Police

Law enforcement is at increased risk for infection with aerosol transmissible diseases. The ATD Standard specifically states in *§5199(a)(1)(C)*, "Police services, provided during transport or detention of persons reasonably anticipated to be cases or suspected cases of aerosol transmissible diseases; and police services provided in conjunction with health care or public health operations.".

California ATD regulations require police departments to screen suspects prior to arrival into a jail and to develop procedures for management of suspects suspected of having communicable diseases. UPD is being managed as a "referring employer". Laboratories and medical facilities on campus are managed under separate ATD programs at SFSU due to their different risks and type of organization.

# 2. ATD Exposure Control Plan for University Police

San Francisco State University (SFSU or "the University") has developed this exposure control plan for the University Police Department (UPD) to protect the health of its employees and to ensure compliance with the ATD Standard. This exposure control plan is intended to comply with the requirements as specified in **8 CCR 5199(c)** and includes the following key elements:

- 1. Designation of a person as the Administrator and designated backups with full authority to act on his or her behalf.
- 2. Establish, implement, and maintain effective written procedures for the following:
  - Source control procedures

Screening and referral of cases and suspected cases of airborne infectious diseases (AIR IDs)

Update: May 2022

- Communicating with employees and local health officer regarding the suspected or diagnosed infectious disease status of referred patients.
- Reducing the risk of transmission or aerosol transmissible disease during the period the person require referral in in the facility or in contact with employees.

## Exposure Control Plan For Referring Employers – University Police Department

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- 3. Procedures for medical services
- 4. Training requirements
- 5. Program reviews by EH&S, the ATD Administrator, and employees for effectiveness. All deficiencies found will be corrected.
- 6. Recordkeeping is maintained for training, vaccination, exposure incidents, inspection, respirator use, testing and maintenance of non-disposable engineering controls.

# 2.1 Designated Administrator

The designated ATD Administrator is responsible for the establishment, implementation and maintenance of effective written infection control procedures to control the risk of transmission of aerosol transmissible diseases. The ATD Administrator must have the following qualifications:

- Has the authority to perform this function
- Is knowledgeable in infection control principles as they apply to the operation

The ATD Administrator is responsible for identifying the job categories in which employees have an occupational exposure to ATDs. He or she must provide EH&S a current list of employees in the identified job categories. In addition, this role includes maintenance and communication of procedures for the cleaning and disinfection of work areas, vehicles, and equipment that may become contaminated and pose an infection risk to employees.

The job categories identified by the ATD Administrator are as follows:

- Sworn police officers
- Parking enforcement officers
- Front Desk workers

When the ATD Administrator is not on site, there must be at least one designated person with the full authority to act on his or her behalf whenever police officers are on duty.

The ATD Administrator for the University Police Department is

Name	Telephone	Email
Reginald D. Parson	415.338.2747	regg@sfsu.edu

The designated back-up person(s) is/are listed below:

Name		Telephone	Email
Sgt. James C	allaghan	415.338.3069	jcalli@sfsu.edu

Exposure Control Plan For Referring Employers – University Police Department

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#### 2.2 EH&S and SFSU Administration

The Environment, Health & Safety (EH&S) department provides oversight of compliance with the ATD Standard for all of its operational units where it applies. EH&S will review the effectiveness of infection control procedures in use at least annually with the ATD Administrator. Employees will be invited to participate in the review and the correction of any deficiencies found in the review.

SFSU Administration provides the resources and support as necessary to protect the health of its employees that are at risk of airborne transmissible diseases.

#### 2.3 Written Source Control Procedures

The procedures for controlling potential sources of ATDs will incorporate the recommendations contained in the CDC's Respiratory Hygiene/Cough Etiquette in Health Care Settings.

Source controls are ways in which an infected person's sneezes, coughs, and nasal discharges can be prevented from being expelled into the air or contaminating surfaces. These controls are intended to prevent contamination and aerosols from spreading.

Basic source controls, as recommended by the CDC (Centers for Disease Control):

- 1. Avoid close contact with people who are sick. Try to stay home if you are sick.
- 2. Cover your mouth and nose when you are sneezing or coughing.
- 3. Wash hands frequently.
- 4. Make tissues available to visitors, especially in waiting areas.
- 5. Provide closeable trash cans for used tissues. (No touch models preferred.)
- 6. Provide dispensers of alcohol-based hand rub; where sinks are available, ensure that supplies for hand washing (i.e., soap, disposable towels) are consistently available.

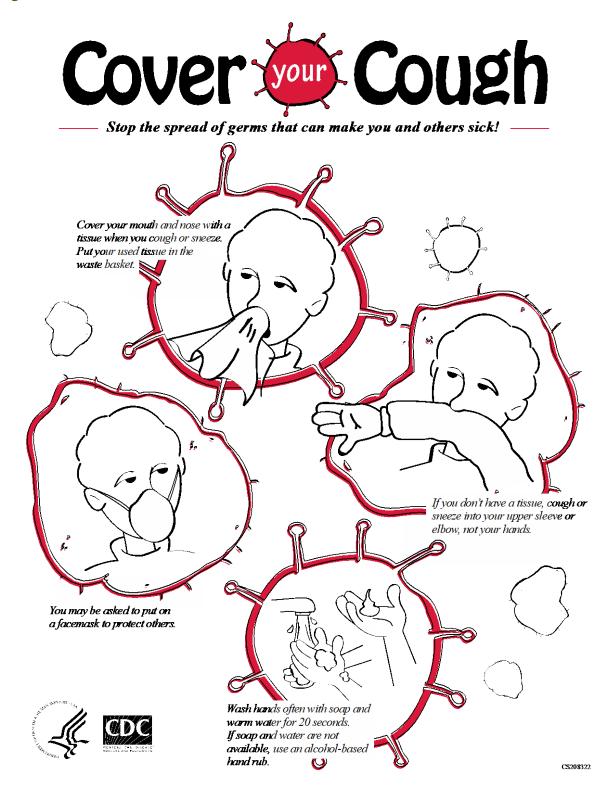
#### Other sources:

Help Fight Germs, Like Flu

UPD will post the CDC's "Cover Your Cough" handout <u>or the equivalent</u> at entrances to public areas and holding rooms in their building as a means of communication to employees and visitors. See Figure 1 "Cover your Cough".

Update: May 2022

Figure 1



## Exposure Control Plan For Referring Employers – University Police Department

#### 2.3.1 Masking and Separation of Persons Showing Respiratory Symptoms

If a person is showing symptoms of respiratory issues, such as coughing, additional measures should be taken to protect employees and other visitors.

Update: May 2022

- 1. Offer masks to persons who are coughing. Either procedure masks (i.e., with ear loops) or surgical masks (i.e., with ties) may be used to contain respiratory secretions (respirators such as N-95 or above are not necessary for this purpose).
- 2. When space and chair availability permit, encourage coughing persons to sit at least three feet away from others in common waiting areas. Allow six feet whenever possible.
- 3. Isolate suspects in a separate room when possible.
- 4. Police officers who must be in close contact with a visitor or suspect exhibiting respiratory symptoms should wear an N95 dust masks while near the person to protect themselves from exposure to ATDs unless that person is wearing a surgical-type face mask to prevent his/her expelled droplets or aerosols from escaping.
  - This is not a "voluntary use" application. Training, fit instruction, and a medical review will be required as part of the campus respirator program.

COVID-19 ONLY: Reporting and referral of cases will also follow current University guidelines as described on the <u>Come Together</u> website.

# 2.3.2 Procedures for Screening and Referral of Cases

Transfers of cases or suspected cases to a medical facility must occur **within 5 hours** of when the case was identified. UNLESS

- The initial encounter occurs after 3:30 pm but before 7:00 am the next day, the transfer must be complete by 11:00 am.
- The local health officer (San Francisco Public Health Department) determines there is no appropriate facility available..
  - Go to the <u>SF Department of Public Health</u> website for additional guidance.
  - Contact Community Health Network (SF General Hospital) at 415.206.8000
- The case meets the conditions described in 5199(e)(B), described, in part, below:

#### Exposure Control Plan For Referring Employers – University Police Department

- Treating physician determines that transfer would be detrimental to the patient's condition
- If not feasible to provide AII\* rooms or areas, other effective control measures to reduce the risk of transmission will be used, including respiratory protection.

\*All room is a negative pressure isolation room not available at UPD.

Update: May 2022

#### 2.3.3 Procedure for Screening by Non-Health Care Providers

The screening procedures for use by police officers and other non-health care providers are located in Appendix B of this ATD exposure control plan.

Referrals to a medical facility must be provided to persons who do any of the following:

- 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 (not typical flu season) or have these symptoms longer than two weeks at any time of the year.
  - Signs and symptoms include coughing, fever, sweating, chills, muscle aches, weakness
- 3. Person states they have a transmissible respiratory disease, excluding the common cold and seasonal influenza.
- 4. Person states they have been exposed to an infectious ATD case, other than seasonal influenza.

NOTE: Seasonal influenza does not require a medical referral (occurs November through February).

#### 2.3.4 Procedures For Communicating Infectious Disease Status of Referred Patients

The ATD Administrator will communicate the suspected or diagnosed infectious disease status of people who have been referred to medical facilities for evaluation or treatment.

- 1. He/she will contact the facility to which patients have been referred for information regarding the disease status.
- 2. This information will be communicated to employees who were exposed to the referred person via email, telephone call or group meeting.

## 2.3.5 Procedures For Reducing the Risk of Transmission of ATDs

In addition to source control measures (i.e., covering coughs and washing hands) other measures to reduce the risk of ATD transmission should be employed when possible. These include the following measures:

- 1. Place the person showing symptoms and requiring a referral in a separate room or area.
  - An airborne infection isolation room (AIIR) is not available in the UPD building.

2. Employees entering the room or area in which the person requiring referral is located, must wear an N95 respirator if the person is not wearing a face mask.

Update: May 2022

Such respirator use must meet the requirements of the campus respirator program.

## 2.3.6 Transporting a Person Requiring Referral in a Vehicle

Occupants of the vehicle transporting a person requiring referral must wear an N95 respirator unless the following conditions are met:

- 1. A solid partition separates the passenger area from the area where employees are located.
- 2. Written procedure specifying the conditions of operation, including windows and fans.
- 3. Testing the airflow using smoke tubes (and other requirements specified in §5199(c)(5)(C)(iii)) to show that there is no detectable airflow from the passenger compartment to the employee area. The person performing the test must be knowledgeable about assessing ventilation systems.
- 4. Results of the testing are kept for a minimum of 5 years and in accordance with \$5199(j)(3)(F).

At this time, university police vehicles do not have separation of employees from passenger area meeting the above requirements.

# 2.4 Medical Services for Employees with Occupational Exposure

Medical services will be performed by Kaiser On-The Job or other approved licensed health care professional. The focus of medical services will be for tuberculosis and ATDs. All medical services will be provided according to applicable public health guidelines and in a manner that ensures the confidentiality of employees and patients.

Vaccinations for tuberculosis and other ATDs will be made available in accordance with public health guidelines. Currently there is not an approved vaccination for tuberculosis approved by the FDA. The CDC only recommends the Bacille Calmette-Guérin (BCG) vaccine in certain cases.

#### 2.4.1 Tuberculosis

An assessment for latent tuberculosis infection (LTBI) is available to a sworn police officers with occupational exposure. When deemed appropriate by the occupational licensed health care provider, TB (tuberculosis) tests and other forms of TB assessment will be provided at least annually. Employees that show TB symptoms will be referred to Kaiser On-The-Job for further evaluation and any necessary treatment in accordance with standards of care and §5199 (h)(3)(B).

• In the case of an epidemic, the local health officer may request an alternative health care provider be used that is experienced with TB cases.

#### Exposure Control Plan For Referring Employers – University Police Department

• SFSU will provide Kaiser On-The-Job with a copy of the ATD standard and other relevant information regarding the infection.

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#### Licensed Health Care Provider Determines an Employee is a TB Case or Suspected Case

If Kaiser On-The Job or other approved licensed health care provider determines an employee or employees are TB cases or suspected TB cases, they are required to take the actions below:

- 1. Inform the employee(s) and the local health officer (SF General Hospital)
- 2. Consult with the local health officer and inform SFSU and UPD of any infection control recommendations related to the employees' work activity
- 3. Recommend whether a precautionary removal due to suspect active disease is necessary and provide SFSU and UPD with a written opinion

If the TB case(s) are occupational, SFSU and UPD must investigate the circumstances and correct any deficiencies. The investigation will be documented as required by §5199 (j).

#### 2.4.2 Reporting exposure incidents

Most of the procedures for reporting and handling exposure incidents in the ATD standard center around the licensed health care provider and reporting incidents to the local health officer. SFSU will provide Kaiser On-The-Job with a copy of the ATD standard and request that they following the relevant procedures as part of their contract to provide occupational health services with the campus.

SFSU employees with occupational exposure to aerosol transmissible diseases in UPD are required to report illness and symptoms that may be work related to their supervisor. This allows an incident report to be created and the potential exposure be evaluated by Kaiser On-The-Job. All occupational exposure incidents will be handled as worker's compensation cases.

Reporting and documenting work-related accidents, injuries, and illness must be done in accordance with the campus Injury & Illness Prevention Program.

# 2.4.3 Procedures for seasonal flu vaccinations during the period designated by the CDC

Employees covered by the ATD Exposure Control Plan will have seasonal flu shots made available to them via Kaiser On-The-Job. UPD ATD Administrator must the Worker's Compensation group (in Enterprise Risk Management) to arrange for flu shots at Kaiser On-The-Job (415.338.2565)

See Influenza Acceptance/Declination form in *Appendix B* of this plan.

# 3. Training for Employees with Occupational Exposure

Training employees in the ATD exposure control program is required at the time of initial assignment and at least annually thereafter. Additional training may be required when procedures or conditions changes that could affect worker exposure to aerosol transmissible pathogens. The topics required to be reviewed in the training session are listed below:

Update: May 2022

- A. A general explanation of ATDs including the signs and symptoms that require further medical evaluation;
- B. Screening methods and criteria for persons who require referral;
- C. Source control measures and how these measures will be communicated to persons the employees contact;
- D. Procedures for making screening and referrals for medical evaluations;
- E. Procedures for temporary risk reduction measures prior to transfer;
- F. Training in accordance with the campus respirator program, when respiratory protection is used;
- G. Medical services procedures including the methods of reporting exposure incidents and the employer's procedures for providing employees with post-exposure evaluation;
- H. Information on vaccines the campus will make available, including the seasonal influenza vaccine. For each vaccine, this information shall include the efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge;
- I. How employees can access the written infection control procedures and how employees can participate in reviewing their effectiveness; and
- J. An opportunity for interactive questions and answers with a person who is knowledgeable in the subject matter as it relates to the workplace that the training addresses and who is also knowledgeable in the employer's infection control procedures. Training not given in person shall provide for interactive questions to be answered within 24 hours by a knowledgeable person.

The ATD Administrator is responsible for ensuring all sworn police officers and UPD staff covered by the ATD program complete the required training. He or she will arrange for classroom or online ATD training with Environment, Health & Safety (EH&S) staff. If an alternate

instructor is utilized, training documents (content of training, date, signature, name of instructor) must be provided to EH&S in a timely fashion.

Update: May 2022

The ATD Administrator must maintain a current list of employees covered by the ATD program and provide regular updates to EH&S at <a href="mailto:sfehs@sfsu.edu">sfehs@sfsu.edu</a>.

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## 3.1 Recordkeeping and Maintenance

Records required by the ATD standard will be maintained as specified in §5199 (j).

#### 3.1.1 Medical Records

Occupational medical records for each employee with occupational exposure will be maintained in accordance with *§3204, Access to Employee Exposure and Medical Records*.

Update: May 2022

- SFSU will ensure that all employee medical records required by the ATD standard will be kept confidential and not disclosed or reported without the employee's express written consent to any person within or outside the workplace or as required by law.
- Employee medical records will be kept for the duration of employment plus 30 years.

Medical records subject to the ATD standard must include the following information:

- Employee's name and any other identifier used in the workplace
- Employee's vaccination status for all required vaccines, vaccine records provided by the employee, and any signed declination forms.
- Copy of all written opinions provided by the licensed medical care practitioner and the results of all TB assessments.
- Copy of exposure incident information that was provided to the medical provider

For seasonal influenza vaccines, the medical record only needs to contain the declination form for the most recent seasonal vaccine.

# 3.1.2 Training Records

Training records must be kept by both the ATD Administrator with copies to EH&S and must contain the information listed below:

- Date(s) of training session(s)
- Contents or summary of the training session
- Names and qualifications of persons conducting the training or who are designated to respond to interactive questions.
- Names and job titles of all persons attending the training sessions

Training records must be kept on file for at least 3 years from the date of training.

## 3.1.3 Implementation of ATD Plan Records

Records of annual reviews must be retained for three years and include the following details:

Name(s) of the person conducting the review

## Exposure Control Plan For Referring Employers – University Police Department

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- Dates the review was conducted and completed
- Name(s) and work area(s) of employees involved
- Summary of conclusions

#### 3.1.4 Exposure Incident Records

Records of exposure incidents are required to be retained and made available as employee exposure records: duration of employment plus 30 years. These records must include the following information:

- Date of the exposure incident
- Names and SFSU IDs of employees who were included in the exposure evaluation
- The disease or pathogen to which the employees may have been exposed
- Name and job title of the person performing the evaluation
- Identity of any local health officer or licensed health care practitioner consulted
- Date of the evaluation
- Date of contact and contact information for any other employer who either notified SFSU or was notified by SFSU regarding potential employee exposure.

## 3.1.5 Respirator Protection Program Records

Records of respiratory use, fit tests, training, and medical evaluation will be maintained according to the campus respirator protection program and the Cal/OSHA Respiratory Protection Standard. Campus EH&S manages the respirator program. Medical evaluations will be kept on file for the duration of employment plus 30 years.

# 3.1.6 Inspection, Testing, and Maintenance Records

Records of inspection, testing, and maintenance of non-disposable engineering control, such as ventilation, air handling systems, air filtration systems, and containment equipment must be maintained for at least five years. Include the information below:

- Name(s) and affiliation(s) of the person(s) performing the test, inspection, or maintenance
- Date the service(s) was performed
- Any significant findings and actions that were taken

# 3.1.7 Unavailability of Vaccine Records

Unavailability of a recommended or required vaccine must be documented as follows:

• Name of the person who determined that the vaccine was not available

#### Exposure Control Plan For Referring Employers – University Police Department

Name and affiliation of the person providing the vaccine availability information

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- Date of the contact
- The record must be maintained for three years

## 3.1.8 Unavailability of Airborne Infection Isolation

Document the unavailability of an airborne infection isolation (All) room as follows:

- Name of the person who determined that an All room or area was not available
- Names and affiliation of persons contacted for transfer possibilities and date of contact
- Date of the contact
- Name and contact information for the local health officer that is providing assistance and the date and times of these contact(s)
- Maintain this record for three years (with no individually identifiable medical information)

# 4. Responsibility for Implementing the ECP

## 4.1 Environment, Health and Safety Department (EH&S)

- Establishing and helping implement the requirements of the Aerosol Transmissible
   Disease Standard to facilities, service categories, or operations on campus covered under this standard.
- Assisting the UPD ATD Administrator to implement the SFSU ATD Exposure Control Plan (ECP).
- Reviewing the ATD exposure control plans at least annually and whenever necessary to include regulatory updates and to reflect new or revised employee categories.
- Determining the level of potential exposure to aerosol transmissible pathogens for specific categories of employees.
- Providing guidance to supervisors regarding universal precautions, respiratory use, vaccinations, and Tuberculosis screening related to aerosol transmissible pathogens.
- Ensuring that all medical actions required by the standard are performed and that appropriate employee health and OSHA records are maintained.
- Providing training, documenting training and ensuring that the written exposure controls
  plans are available to employees and OSHA representatives.

# 4.2 University Police Department (UPD)

 Adopting applicable elements of the campus Exposure Control Plan to develop sitespecific Exposure Control Plan

- Maintain, review and update the site specific ECP at least annually and whenever necessary to include regulatory updates and to reflect new or revised employee categories.
- Implement elements of the site-specific Exposure Control Plan.
- Providing and maintaining all necessary PPE, engineering control, isolation areas, labels, and red bags as required by the standard.

Update: May 2022

- Ensuring that adequate supplies of the aforementioned PPE are available in the appropriate sizes.
- Notify EH&S of all new employees whose job tasks require them to be part of this program.
- Assist EH&S in scheduling and notification to employees of training, respirator medical exams, vaccinations, and Tuberculosis screenings.

# 4.3 Individual employees

• Reading and being familiar with applicable elements of the Exposure Control Plan.

Update: May 2022

- Complying with the procedures and work practices outlined in the Exposure Control Plan.
- Complete the annual Tuberculosis screening, medical exams, N95 fit testing, and accept/decline vaccinations.
- Reporting any injury or incident to their supervisor or EH&S.
- Inform supervisors of opinions and recommendations to reduce exposures during work tasks.
- Participate in the annual review of the site specific ECP.
- Complete the annual Aerosol Transmissible Disease Program Training.

# Appendix A Documentation of Plan Reviews

Document annual reviews and other updates in this section.

#### Signatures

Date	Update or Change to Plan	UPD ECP Administrator	EHS Director

#### Exposure Control Plan For Referring Employers – University Police Department

# Appendix B Referral Procedures for Non-Health Care Personnel

Update: May 2022

This appendix contains sample criteria to be used by non-medical employees for screening purposes in settings where no health care providers are available. Coordination with local health departments, including TB control programs, may be necessary for the success of this referral policy. Employees should be instructed in how clients' privacy will be maintained during screening procedures.

## 1. For screening a coughing client with potential TB – privately ask the person:

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 (>5lbs)
  - 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 the 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. If a suspected exposure occurs

Employees who exhibit any of the above symptoms and who report contact with individuals known to have any transmissible illnesses in the past 2-4 weeks should request evaluation by Kaiser On-The-Job.

Update: May 2022

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.

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Update: May 2022

# Appendix C Vaccination Declination Statements

## C1—Seasonal Influenza Vaccination Declination Statement

(Required by the ATD standard at 8 CCR 5199 (h)(10))

Employees who decline to accept the seasonal influenza vaccination offered by their employer must sign and date the following 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.

Employee Signature	 Date

# C2- Vaccination Declination Statement (Non-Seasonal Flu)

(Required by the ATD standard at 8 CCR 5199 (h)(5)(E))

Employees who decline to accept a recommended vaccination offered by their employer are required to sign and date the following statement:

nderstand that due to my occupational exposure to aerosol transmissible diseases, I may be
risk of acquiring infection with
(name of disease or pathogen).
ave been given the opportunity to be vaccinated against this disease or pathogen at no charge
me. However, I decline this vaccination at this time. I understand that by declining this vaccine, ntinue to be at risk of acquiring,
(name of disease or pathogen).

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.

Date

**Employee Signature**