

SAN FRANCISCO STATE UNIVERSITY Student Health Service PROTOCOLS	
Section: Workplace Safety	SHS Aerosol Transmissible Diseases Exposure Control Plan

## I. Protocol

Per Cal OSHA regulation, SHS has an Aerosol Transmissible Diseases (ATD) Exposure Control Plan (ECP). All SHS employees, regardless of their potential for occupational exposure, shall undergo Exposure Control Plan training upon hire and at least annually thereafter.

Specific to ATDs is summarized below:

All staff who may have potential exposure to airborne/aerosol transmissible diseases in their normal course of duties shall undergo N95 mask fit testing annually. This is completed by the campus Environment Health and Safety (EHS) staff or appropriate vendor.

Source control measures for ATDs shall include use of surgical masks, N95 masks, and spatial and/or environmental separation. Airborne Infection isolation rooms are currently not available at SHS. Upon identification of a patient with potential ATD, staff shall don an N95 mask immediately, have the patient wear a surgical mask, and escort the masked patient directly into the isolation room, or an exam room (if isolation room unavailable).

## II. Program Administration

- The SHS Medical Lead or designee is responsible for implementation of the ATD ECP. The SHS Medical Lead or designee will maintain, review, and update the ATD ECP at least annually, or whenever necessary to include new or modified tasks and procedures, and if needed upon review and evaluation of an exposure incident occurring since the last update of the ATD ECP.  
Contact location/phone number: 415 338 1251
- Employees determined to have occupational exposure to ATDs must comply with the procedures and work practices outlined in this ATD ECP.
- The SHS Medical Lead or designee will provide and maintain all necessary personal protective equipment (PPE), engineering controls (e.g., sharps containers) as required by the standard. The SHS Medical Lead or designee will ensure that adequate supplies of the aforementioned equipment are available in the appropriate sizes.
- SHS Medical Lead or designee will be responsible for ensuring that all medical actions required by the standard are followed and that appropriate employee health and OSHA records are maintained.
- SHS Medical Lead or designee will be responsible for training, documentation of training, and making the written ATD ECP available to employees, OSHA, and NIOSH representatives.

## III. Employee Exposure Determination and Preventive Measures

The following is a list of all job classifications at Student Health Service in which all employees, including part-time, temporary, contract and per diem employees, have occupational exposure to ATDs (a more specific SARS-CoV2 risk determination and preventive measures chart follows the summary list:

<i>Job Title</i>	<i>Task</i>	<i>Risk Prevention measures</i>	
MDs	Patient care	PPE including N95 mask	Vaccinations
Nurse Practitioners	Patient care	PPE including N95 mask	Vaccinations
Nurses	Patient care	PPE including N95 mask	Vaccinations
M.A.s & C.A.s	Patient care	PPE including N95 mask	Vaccinations
Pharmacy staff	Patient contact	PPE including N95 mask	Vaccinations
Rehab, Radiology	Patient care	PPE including N95 mask	Vaccinations

These recommendations follow Table 1 (Risk Categories for Ambulatory Care Services) found in Appendix A of HOD No. 2020-20, assigning risk categories to specific patient encounters, depending on whether an aerosol-generating procedure (AGP) was performed, the length/duration of time patient does not wear face covering, responses to COVID-19 screening, and other mitigating factors.

Risk	Risk Factors	Yes	No	Examples of Clinical Situations or Setting	PPE Recommended*
Lower	AGP		X	All non-clinical staff All Patients/support persons MA/CA/RN rooming patients Providers during visit MA - Lab counter behind Plexiglas Radiology Tech Athletic Trainer	Surgical mask (Optional N95) (Optional gloves)
	Patient masked throughout encounter (except briefly for exam)	X			
	“No” to all COVID screening questions	X			
Medium	AGP		X	Greeter screening patients outside Certain patient visits Providing care to a patient unable to wear mask (medical exception) RN performing wound care MA drawing blood	Surgical mask Face shield/Goggles* when appropriate (Optional N95) (Optional Gown)
	Patient unmasked for long period of time during visit, or unable to wear mask for entire visit	X			
	“Yes” to ≥1 COVID screening question (may be higher risk)	X			
	Other risk factors	X			
Higher	AGP	X		Providing care to patients with respiratory symptoms	N95 respirator Gown Gloves Face shield/Goggles*
	“YES” to ≥1 COVID screening question	X			
	Recent SARS-cov2 infection	X			

- SHS will cease operations if unable to provide above items (PPE).
- Clinical staff is encouraged to wear a surgical mask over the N95 respirator to prolong its lifespan. At minimum, N95 respirators are changed after an eight-hour shift, when visibly soiled or wet, or when seal is no longer tight when performing routine seal checks.
- \* See appendix F for process to disinfect eye protection for re-use (especially when inventory is low and/or unavailable)

- Engineering controls such as booths, negative pressure isolation rooms are currently not available at SHS
- SHS does not perform any high-risk procedures (including AGPs) currently.
- SHS does not perform any COVID testing currently.
- In cases of highly communicable ATD (i.e. SARS CoV2), per San Francisco Department of Public Health (SFDPH) guidelines, all patients and staff shall undergo screening prior to facility entry. Only staff and patients who screen “negative” can enter the facility. See Appendix E in this protocol and SHS protocol: Communicable Disease – SHS Health and Safety Plan During COVID-19, Appendix C: COVID-19 Screening Questions
- All SHS employees, regardless of their potential occupational exposure, shall undergo ATD Exposure Control Plan training upon hire and at least annually thereafter.
- Designated staff will routinely clean/sanitize examination rooms after a predetermined period (from the time a patient with potential ATD leaves the room), particular/specific to a disease entity (e.g., two hours for measles).

#### **IV. Source Control Measures**

The intent of SHS source control measures is to minimize exposure from infected patient/s to SHS staff members and other patients in the SHS.

Prior to patient’s arrival:

- Staff shall encourage patients to contact SHS prior to coming to the clinic in order to assess/determine
  - appropriateness of self-care at home
  - appropriateness of in-person visits (vs virtual/telehealth visit)
  - precautions necessary for in-person visit, or
  - appropriateness of referral/transfer to another facility for higher level of care
- In cases of highly communicable ATD (i.e. SARS CoV2), per San Francisco Department of Public Health (SFDPH) guidelines, all patients and staff shall undergo screening prior to facility entry. Only staff and patients who screen “negative” can enter the facility.
  - SHS does not perform onsite COVID testing currently.

Upon patient’s arrival at SHS:

- Patient shall be immediately masked upon arrival.
- Patient shall be spatially separated or isolated from other patients and staff
- Patient shall be instructed in cough etiquette.
- Patient shall be instructed in hand hygiene.
- Patient shall be escorted directly to the isolation room or an exam room (if isolation room unavailable), or directed to a separate waiting area where patients are appropriately distanced from one another.

#### **V. Procedures for making referrals of cases and suspected cases of ATD (Aerosol Transmitted Disease)**

Patients with suspected or confirmed ATD are provided with a surgical mask and transferred to appropriate location/facility, e.g.

Ebola Virus Disease:

- Use standard, droplet and contact precautions. Isolate immediately.
- Contact SF DPH Communicable Diseases Unit at 415-554-2830.

SARS-CoV2 Virus Disease:

- Use standard, droplet and contact precautions. Isolate immediately.
- Contact SF DPH Communicable Diseases Unit at 415-554-2830.

Measles/Rubella

- To home or isolation in campus housing if campus resident
- Transferred by family / individuals with known MMR immunity

Seasonal Flu

- Spatial Separation
- Home isolation, or if campus resident, isolate with campus cohorts

**VI. Procedures for making referrals of cases and suspected cases of AirID (Airborne Transmissible Disease)**

TB:

- To SFGH TB Clinic
- Transfer discussed with SFDPH prior to transfer.
- Depending on severity transferred via ambulance or private vehicle

Varicella:

- To isolation home or isolation in campus residence if campus resident.
- Transferred by family / individuals with known varicella immunity

SARS & SARS-CoV2:

- Discuss with SFDPH
- Home isolation or transfer to outside facility depending on severity of disease

Influenza (H1N1 and atypical):

- Home isolation, or if campus resident, isolate with campus cohorts

**VII. Procedures for temporary risk reduction measures prior to transfer**

- **Patient:** Patients isolated in SHS Isolation exam room shall wear a surgical mask
- **Vaccine Preventable Diseases:** Utilize staff with known immunity to disease.
- **Droplet Transmissible Diseases:** Utilize Isolation Room (spatial separation).
- **ATD:** Any staff needing to enter room of patient with non-vaccine preventable ATD/AirID shall wear PPE.
- **AirID:** Any staff needing to enter room of patient with non-vaccine preventable ATD/AirID shall wear PPE, **including N95 mask**
- **AirID:** Cough-inducing procedures on patients with suspected infectious TB will not be performed.
- **ATD:** The SHS will **NOT** perform Aerosol-generating procedures e.g. intubation, or open suctioning of airways on Persons Under Investigation (PUI) for Ebola Virus Disease (EVD), SARS-CoV2, or patients who have EVD or SARS-CoV2.

**VIII. Vaccinations**

- During initial employee orientation and training, all staff is advised of
  - their right to free occupational health vaccinations

- CDC-recommended vaccinations for Healthcare Workers, as identified in the “Exposure Determination” section of this plan
- Vaccination is encouraged unless:
  - Employee provides documentation of immunization all recommended vaccines;
  - antibody testing indicates employee immunity (or in the case of Varicella, staff report of a clinical history of chickenpox or shingles); or
  - The vaccine is medically-contraindicated.
- If an employee declines any recommended vaccination:
  - A signed declination form for each vaccination declined must be completed.
  - Declination forms are scanned into the employee’s medical record.
  - Employee may later elect to obtain vaccinations at no cost.
- Vaccination will be administered by Immunization RN under Medical Lead or designee or SHS Director’s direction at SFSU SHS.
- If a vaccine does not exist or is not available (e.g. vaccine shortage or if, SHS will document in each employee’s health record what action is taken.

## **IX. Staff Exposure Incidents**

In event of exposure, staff will follow the SHS Incident Report process. For all COVID-related exposures, provider shall also confer with SF DPH and Campus COVID-19 response team ([covid19@sfsu.edu](mailto:covid19@sfsu.edu)) for contact tracing and any further necessary actions.

### Communication to Exposed Staff

- SHS will identify individual/s that were exposed. This includes SHS staff and any campus staff present in SHS.
- SHS will immediately notify all exposed SHS and campus employees of their exposure directly and in writing.
- Exposed individual/s will be advised of the following, as applicable:
  - Prophylactic medication or vaccination
  - Self-monitoring for development of symptoms
  - Recommendations for medical surveillance, isolation or quarantine, including current SFDPH/CDC guidelines
- Refer all employees who need post-exposure evaluation to SF State-contracted Occupational Health Clinic or hospital (currently Kaiser-on-the-Job Occupational Health Clinic via EHS).

### Communication to Source Patient

- Refer source patient(s) directly to appropriate facilities as delineated in Section V of this protocol.
- Instruct patients on self-care, self-isolation, cough etiquette, and hand hygiene as appropriate.

## **X. Respiratory Protection Program for Staff**

### **Forms:**

- Annual Employer TB and Other Pertinent ATD Risk Assessments
- Respirator Medical Evaluation Questionnaire (upon hire)
- Medical Clearance to Wear Respiratory Protection
- N95 Respirator Training & Fit Test Record (annual)

**Upon hire:**

1. All employees will undergo ATD ECP training.
2. All employees identified as at risk for airborne infection exposure shall undergo respirator medical evaluation (questionnaire) and N95 mask training/fit testing.
3. Cal/OSHA respirator medical evaluation questionnaire shall be reviewed by designated Occupational Health provider.
4. As appropriate, designated Occupational Health provider shall give Cal/OSHA medical clearance for N95 mask.
5. Cal/OSHA training and fit testing shall be completed by designated trainer.
6. Employees shall have the opportunity to discuss with the trainer their suggestions for program improvement.

**Annually or As Needed:**

1. SHS Medical Lead or designee shall review, update, sign, and date the TB Risk Assessment for SHS.
2. SHS Medical Lead or designee shall create and update other pertinent Aerosol Transmissible Disease Risk Assessments, e.g., COVID-19.
3. All identified employees shall be reported to EHS for inclusion in Cal/OSHA N95 mask training and fit testing.
4. Cal/OSHA annual training and fit testing shall be conducted by campus-designated trainer.
5. The Employee portion of the Cal/OSHA Respirator Program and Fit Testing Record shall be completed by identified employee/s.
6. Trainer shall complete the Trainer section of the Cal/OSHA Respirator Program and Fit Testing Record.
7. Both the trainer and employee shall sign the Cal/OSHA Respirator Program and Fit Testing Records at the conclusion of the training.
8. Employees shall have the opportunity to discuss with the trainer their suggestions for program improvement.

Protocol Appendices/Resources:

- Appendix A: Aerosol Transmissible Diseases
- Appendix B: Annual TB risk assessment worksheet template
- Appendix B.2: Annual TB risk assessment worksheet 2020
- Appendix C: CDC Case Definition for Ebola Virus Disease including Exposure Criteria
- Appendix D: Cal-OSHA-Guidance-on-Ebola-Virus
- Appendix E: COVID-19 Screening Questionnaire
- Appendix F: Disinfecting Eye Protection for Re-use

Other SHS Protocols: Communicable Disease – SHS Health and Safety Plan During COVID-19 Pandemic

REVIEWED and APPROVED:	Teresa Rebeiro, MD SHS Medical/Director	
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