



Aerosol Transmissible Disease Exposure Control Plan – *PENDING APPROVAL AS OF 12/2020*

TABLE OF CONTENTS

- | | |
|---|------------------------------------|
| I. Purpose & Scope | VII. Personal Protective Equipment |
| II. Plan Administration | VIII. Special Precautions |
| III. Occupational Exposure | IX. Surge Procedures |
| IV. High Exposure Possibility (HEP) Employees | X. Post Exposure Evaluation |
| V. Engineering Controls | XI. Training |
| VI. Administrative Controls | XII. Recordkeeping |
| | XIII. Appendices |

I. PURPOSE & SCOPE

The County of Inyo is committed to providing a safe and healthful work environment for its employees. In accordance with the California Occupational Safety and Health Administration (Cal/OSHA) Title 8 CCR 5199 regarding aerosol transmissible disease (ATD), this Inyo County Aerosol Transmissible Diseases Exposure Control Plan (ATDECP) provides written procedures and minimum standards for preventing the spread and minimizing the risk of occupationally acquired aerosol transmissible disease for County departments with operations that may expose employees to an elevated risk of exposure to ATDs.

An ATD is an epidemiologically significant disease that is transmitted or spread through the air in the form of small particles or droplets. Early identification, isolation, and treatment of persons with infectious ATDs are crucial in reducing the risk and consequences of exposure to themselves and others. An elevated risk is at a greater level than what is considered ordinary for employees having direct contact with the general public. A list of diseases and pathogens considered ATDs is available at "Aerosol Transmissible Disease/Pathogens" (<https://www.dir.ca.gov/title8/5199a.html>).

This plan applies only to those employees and situations where employee exposure to ATDs is at an elevated risk for occupationally acquired ATDs, as identified in Section IV below and Appendix A. This plan guides departments to implement common infection control measures in order to protect employees from those threats and to enable employees to continue to provide critical services without unreasonably jeopardizing their own health. Employees with elevated risk should adhere to the requirements specified in this document. Supervisors should keep a copy of this plan and specific departmental procedures, if any, accessible electronically to all affected employees during work hours. This policy shall not apply to employees of the Sheriff's Department, which has its own policy (1007) regarding communicable diseases, including ATDs.

II. Plan Administration

Risk Management maintains plan documentation and coordinates with the County Health Officer, the Director of Health and Human Services (or designee), the Chief of Probation, and the Safety Committee to update the plan at least annually with input from employees. Department Heads who have employees with high exposure potential (HEP) administer the plan in consultation with Risk Management, as necessary, and may add additional measures or specifics to customize this plan for their department, divisions, or units. Exposure incidents are reviewed by the affected Department Heads and Risk Management for continuous improvement. A copy of this ATDECP may be obtained from Risk Management at <https://www.inyocounty.us/risk>, from Department Heads who have employees



Aerosol Transmissible Disease Exposure Control Plan – *PENDING APPROVAL AS OF 12/2020*

with high exposure potential (HEP), and at locations of higher exposure potential. HEP workers are notified when they begin employment and during their annual training of the location of the ATDECP.

III. Occupational Exposure

Personnel and/or Public Health should promptly notify employees who may have had a known occupational exposure to an ATD. Exposure records should be kept separately from employee personnel records. Employees who believe they were exposed to an ATD while working should promptly notify their supervisor and call the Injury and Illness Reporting Hotline (877.215.7285) to report the event and to speak with a triage nurse for next steps. See <https://www.inyocounty.us/iipp> to file an anonymous hazard report. Incident Reports are at: <https://www.inyocounty.us/risk/workers-compensation>. An employee electing to decline medical attention (beyond first aid) for an exposure should submit a signed memo or email to Risk@inyocounty.us and their supervisor to this effect. Medical clearance may be required prior to returning to the workplace.

IV. High Exposure Possibility (HEP) Employees

This document especially applies to certain roles, responsibilities, locations, and tasks that may have elevated risk for ATD exposure. This means that their risk is in excess of ordinary exposure for employees who work with the general public. Elevated risk is determined without consideration of use of PPE, though employees must comply fully with PPE requirements. Each department may develop its own procedures to reduce or eliminate the possibility of ATD exposures in addition to the general guidance provided by this ATDECP. For example, work units that provide transportation, housing, isolation, or management of individuals with known or suspected airborne infectious diseases may have their own unit-specific and customized additions to this ATDECP.

The following are specific locations and tasks with elevated risks of exposure to ATDs.

- Public Health: Sample collection and other handling of potentially infectious materials by the Jail Nurse and at the Public Health lab at South Street related to a person with a suspect or confirmed infectious ATD case.
- Public Works & Road: Repairing, replacing or maintaining air systems or equipment that may be anticipated to contain ATDs.
- Social Services & Public Guardian: Visiting the home of an infectious person.
- Sheriff's Office/Jail: Resuscitative procedures performed by emergency personnel, visiting the home of an infectious person, and certain medical services provided by the jail nurse in the jail. [Sheriff's Office has their own policy on communicable diseases and is exempt from this policy.]
- Coroner: Autopsy, laboratory, research, body transportation, or production procedures performed on tissues, especially but not limited to tissues known or suspected to be infected with TB, which can aerosolize TB contaminated fluids. [Contract coroners are responsible for maintaining and complying with their own ATDECP.]

In accordance with 8CCR5199, and with the department exceptions noted above, this plan applies to the following when exposure to cases or suspected cases of ATD may occur:

- Public Health, Jail Nurse, or Social Services activities provided during transport, detention, or treatment



Aerosol Transmissible Disease Exposure Control Plan – *PENDING APPROVAL AS OF 12/2020*

- In-person public health contact tracing or health screening activities
- Operations of Probation detention areas, Progress House, Wellness Centers, and in-person contact areas of Public Health offices, as these facilities may have an increased risk for transmission of ATD infection
- Public Health laboratories that perform procedures with materials that contain or are reasonably anticipated to contain aerosol transmissible pathogens
- Maintenance, renovation, service, or repair operations involving air handling systems or equipment or building areas that may reasonably be anticipated to be contaminated with aerosol transmissible pathogens.

Job titles of potential HEPs are listed in Appendix A. An employee may submit a written appeal to their respective Department Head to have their job title included in or removed from the list of elevated risk job titles. If the employee does not agree with the response from the Department Head, the employee can forward the appeal to Risk Management which will make a final determination of the appeal. If a Department Head determines that a job title excluded from the list has occupational exposure, then the department should still comply with the ATDECP by providing employees in the unlisted job title with the same training, personal protective equipment, vaccinations and exposure reporting. If any department determines an employee with an occupation published on the list does not have occupational exposure because that employee's duties do not include occupational exposure, then the ATDECP does not apply to that employee.

V. Engineering Controls

Engineering controls are used to prevent the spread and reduce the concentration of infectious droplets. Departments implement feasible engineering and work practice controls to minimize exposure and to provide necessary personal protective and respiratory protective equipment. This includes removal of infectious materials, cleaning, sanitation, and refreshing of ventilation system filters in cooperation with Public Works. Each department may determine the level and procedure for sanitation related to their area in addition to the regular sanitation provided by Public Works staff (or contractors) at each location. Control measures should be consistent with recommendations from the Center for Disease Control and Prevention (CDC).

Employees are advised to watch for and report symptomatic persons proactively and confidentially to their supervisors. A person who is coughing severely, for example, may put employees at increased risk. A coughing person should be directed to don a mask immediately and either placed in a private room with the door closed or escorted outside to wait for an evaluation. Department Heads, as needed, may contact Public Health for an assessment of the symptomatic person and directions for care or containment. Department Head or designee may request that the person remove themselves from the area, seek medical attention, or to contact Public Health themselves. Only licensed health care professionals may triage persons with pulmonary symptoms. An employee who transports a symptomatic person should be notified in advance of the condition so they may prepare themselves.

Finally, vaccinations of HEPs are vital to eliminating the exposure for susceptible employees. HEPs with occupational exposures to ATD will be offered vaccine doses listed in Appendix B. Recommended vaccinations for HEPs will be made available to all HEP employees at no charge to the employee upon



Aerosol Transmissible Disease Exposure Control Plan – *PENDING APPROVAL AS OF 12/2020*

completion of their annual ATD training, and within 20 working days of initial assignment unless: (1) the employee has previously received the recommended vaccination(s) and is not due to receive another vaccination dose; or (2) the employee has been determined to be immune in accordance with applicable public health guidelines; or (3) the vaccine is contraindicated for medical reasons. Employees should be offered additional vaccinations within 120 days of the issuance of new CDC or CDPH recommendations. Employees are not required to participate in a pre-screening program as a prerequisite for receiving a vaccine unless CDC or CDPH guidelines recommend pre-screening prior to administration of the vaccine.

If an employee initially declines a vaccination but later decides to accept the vaccination, the County will make every effort to make the vaccination available within 20 working days of receiving a written request from the employee. Employees who decline to accept a recommended and offered vaccination should sign the declination statement (Appendix C and D).

VI. Administrative Controls

Administrative controls are used to reduce the risks of exposure to persons with infectious ATDs. Each department is responsible for ensuring high exposure possibility (HEP) staff follow established protective measures. Department Heads are responsible for monitoring compliance, reporting non-compliance, and taking action in response to non-compliance.

Department Heads should clearly communicate with HEP staff the importance of complying with administrative controls. When monitoring reveals repeated failure to follow recommended practices after additional supplies, education and/or retraining, and counseling have been provided, disciplinary action may be taken according to usual progressive disciplinary procedure.

In the event that a person with a potentially infectious ATD must remain temporarily in the workplace, signage should be used to indicate the exposure hazard to any employees who may consider entering the area.

Proper respiratory precautions should be used by persons with, or suspected of having, an ATD. This means that they should: Cover the nose/mouth when coughing or sneezing, use tissues to contain respiratory secretions and dispose of them in the nearest waste receptacle after use, wash hands frequently for 20 seconds with soap and water (or an approved sanitizer) and after contact with respiratory secretions or contaminated objects or materials, wear a face covering whenever not alone in the workplace, and practice social distancing. Department Heads or their designees should educate ill employees about appropriate respiratory precautions.

VII. Personal Protective Equipment

Personal protective equipment (PPE) should be used when the exposure risk for HEPs cannot be engineered out or completely controlled administratively. Appropriate PPE will be provided to employees at no cost to them for exclusive use while working, and adequate training and fitting should be provided to ensure proper use and maintenance of PPE provided.

A surgical mask or a cloth face covering may be sufficient for some exposure situations and not for other



Aerosol Transmissible Disease Exposure Control Plan – *PENDING APPROVAL AS OF 12/2020*

situations. If a respirator (a greater level of protection than surgical mask or a cloth face covering) is necessary, it should be at least as effective as the N95 filtering face piece respirator. Employees covered by these enhanced protections include those who work in contaminated areas, or in areas designated for the isolation or quarantine of ATD cases, or those whose jobs include the handling or transporting infected or exposed materials or persons. Where applicable, employees may be fitted for a respirator in accordance with the County's Respiratory Protection Program and should use the respirator rather than a simple surgical mask or cloth face covering. The alternative respirator medical evaluation questionnaire is available at Appendix E. See the County's Respiratory Protection Program for further details on respiratory protection.

Staff should be fit tested and receive instructions on use and care if assigned to wear a KN95, N95, or greater protective device. HEPs who perform high hazard procedures are trained and fit-tested. Repeated fit testing should be completed at the Department Head's discretion as there are certain triggers for refitting. Each department is responsible for documenting when and to whom a KN95, N95, or greater protective device has been provided.

Appropriate inventory of PPE (which may include gloves, eye protection, surgical masks, and/or respirators as a situation may necessitate) will be maintained by departments that provide staff for surge response for ATD outbreaks or other public health emergencies. In the event there is a shortage of PPE due to a pandemic, current CDC/CDPH guidance for re-use of single use respirators will be provided.

VIII. Special Precautions

Special precautions should be taken with suspected cases of TB and other highly infectious ATDs. Please see County Public Health for details on testing, exams, and documentation.

IX. Surge Procedures

All County employees are designated as emergency disaster workers and may be called upon to respond in the event of an emergency. Employees receive training in Standard Emergency Management System/National Incident Management System (SEMS/NIMS) and core competencies according to their job responsibilities. County Administration coordinates and delegates related or advanced training in accordance with local, state, and federal guidance.

A Rapid Response Team may be convened by the local Emergency Operations Command (EOC) in the event of a disease outbreak or other Public Health emergency. Surge fit-testing may be performed by trained personnel under the supervision of the County Health Department. If appropriate, the County may maintain an emergency notification system, with key staff notified via the California Health Alert Network (CAHAN). Public Health handles procedures for accessing, and stockpiles of, respiratory and personal protective equipment. The Public Health Department may maintain its own Biosafety Plan.

X. Post Exposure Evaluation

All exposure incidents should be evaluated to identify and correct problems with the goal of preventing recurrence. The supervisor/manager is responsible for ensuring the required paperwork is completed



Aerosol Transmissible Disease Exposure Control Plan – *PENDING APPROVAL AS OF 12/2020*

and reviewed to identify the nature and significance of, and response to, the exposure. Evaluation will include a review of control measures and use of personal protective equipment.

XI. Training

Employees are trained on the components of this Plan and how to access a copy upon initial job assignment to roles or tasks with elevated risk levels, annually thereafter, and when new information is added. Training may include online learning modules concerning Aerosol Transmissible Disease, Respiratory Protection, and use and maintenance of PPE. Each department is responsible for ensuring and documenting that employees with high exposure potential achieve training respective of their areas of assignment. Risk Management will provide assistance and an opportunity for interactive questions with employees concerning ATD exposures. See Exhibit A for a list of job titles which may require annual training.

XII. Record Keeping

Exposure records regarding employees should be kept separate from their personnel files. Records of documented occupational ATD exposures should be kept electronically for at least 30 years. Records of potential but unproven exposures may be shredded after five years of notice of the potential event.

XIII. APPENDICES:

- A. Job Titles Subject to Annual ATD Training
- B. Recommended Vaccinations
- C. Mandatory Vaccination Declination Statement
- D. Seasonal Influenza Vaccination Declination Statement
- E. Alternative Respiratory Medical Evaluation Questionnaire



Aerosol Transmissible Disease Exposure Control Plan – *PENDING APPROVAL AS OF 12/2020*

Appendix A: Job Titles Which May Be Required to Complete Annual ATD Training

Exposure to an ATD could become a serious medical condition. Inyo County employees who may be at elevated level for exposure to an ATD (as defined in the ATDECP) are considered to be HEPs and must complete annual training, preferably in the Summer, on how to protect themselves. Employees not included in the list may be subject to the Inyo County COVID-19 Prevention Plan.

HEP employees hold any of the following countywide job titles:

Public Health (PH): Deputy Director of Public Health, Public Health Nurse, Jail Nurse, HHS Specialist

Social Services (SS): Deputy Director of Aging and Social Services, First Five Director, Residential Caregiver, Social Services Aide, Social Worker, Social Worker Supervisor, Integrated Caseworker

PAPG: Public Administrator/Guardian, Public Administrator/Guardian Deputy

Probation Department: Probation Officers, Rehabilitation Specialists, Community Services Officer, Transportation Officer

Public Works: Building & Grounds Worker, Building Maintenance Water Supervisor, Building Maintenance Worker, Custodian, Equipment Mechanic Trainee.

Road: Equipment Mechanic Trainee, Road Maintenance Crew Supervisor, Road Maintenance Worker.

Department Head or designee may exempt an employee from the annual training requirement if the employee will not be assigned to work that puts the employee at risk of heat illness for the calendar year. If a job title or task should be added or removed, please contact Risk Management.



Aerosol Transmissible Disease Exposure Control Plan – *PENDING APPROVAL AS OF 12/2020*

Appendix B: Aerosol Transmissible Disease Vaccination Recommendations for Susceptible Health Care Workers (Mandatory)

<u>Vaccine</u>	<u>Schedule</u>
Influenza	One dose annually
Measles	Two doses
Mumps	Two doses
Rubella	One dose
Tetanus, Diphtheria, and Acellular Pertussis (Tdap)	One dose, booster as recommended
Varicella-zoster (VZV)	Two doses

Source: California Department of Public Health, Immunization Branch. Immunity should be determined in consultation with [Epidemiology and Prevention of Vaccine-Preventable Diseases](#). (The “Pink Book” by the CDC is available for free download at www.cdc.gov/vaccines/pubs/pinkbook/index.html.)

Appendix C: Vaccination Declination Statement (Mandatory)

Employees who decline to accept a recommended vaccination offered by Inyo County must sign and date the following statement as required by subsection 8CCR5199(h)(5)(E):

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

Employee: _____ (print) _____ (sign) _____ (date)



Aerosol Transmissible Disease Exposure Control Plan – *PENDING APPROVAL AS OF 12/2020*

Appendix D: Seasonal Influenza Vaccination Declination Statement (Mandatory)

An employee who declines to accept the seasonal influenza vaccination offered by Inyo County must sign and date the following statement as required by 8CCR5199(h)(10):

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: _____ (print) _____ (sign) _____ (date)

DRAFT



Aerosol Transmissible Disease Exposure Control Plan – *PENDING APPROVAL AS OF 12/2020*

Appendix E: Alternative Respirator Medical Evaluation Questionnaire (2 pages)

This may be used instead of the questionnaire in the County's written Respiratory Protection Program.

To the PLHCP: Answers to questions in Section 1, and to question 6 in Section 2 do not require a medical examination. Employees must be provided with a confidential means of contacting the health care professional who will review this questionnaire.

To the employee: Can you read and understand this questionnaire (circle one): Yes No

Your employer must allow you to answer this questionnaire during normal working hours, or at a time and place that is convenient to you. To maintain your confidentiality, your employer or supervisor must not look at or review your answers, and your employer must tell you how to deliver or send this questionnaire to the health care professional who will review it.

Section 1. The following information must be provided by every employee who has been selected to use any type of respirator (please print).

- Today's date:
- Name: Job Title:
- Your age (to nearest year):
- Sex (circle one): Male Female
- Height: ft. in. Weight: lbs.
- Phone number where you can be reached (include the Area Code): ()
- The best time to phone you at this number:
- Has your employer told you how to contact the health care professional who will review this questionnaire (circle one): Yes No
- Check the type of respirator you will use (you can check more than one category): N, R, or P disposable respirator (filter-mask, non-cartridge type only); or Other type (ex, half- or full-facepiece type, PAPR, supplied-air, SCBA).
- Have you worn a respirator (circle one): Yes No. If "yes," what type(s):

Section 2. Questions 1 through 6 below must be answered by every employee who has been selected to use any type of respirator (please circle "yes" or "no").

1. Have you ever had any of the following conditions?
Allergic reactions that interfere with your breathing: Yes No. What did you react to?
Claustrophobia (fear of closed-in places) Yes No
2. Do you currently have any of the following symptoms of pulmonary or lung illness?
Shortness of breath when walking fast on level ground or walking up a slight incline: Yes No
Coughing that produces phlegm (thick sputum): Yes No
Coughing up blood in the last month: Yes No
Have to stop for breath when walking at your own pace on level ground: Yes No
Wheezing that interferes with your job: Yes No
Chest pain when you breathe deeply: Yes No
Shortness of breath that interferes with your job: Yes No
Any other symptoms that you think may be related to lung problems: Yes No



Aerosol Transmissible Disease Exposure Control Plan – *PENDING APPROVAL AS OF 12/2020*

3. Do you currently have any of the following cardiovascular or heart symptoms?
Frequent pain or tightness in your chest: Yes No
Pain or tightness in your chest during physical activity: Yes No
Pain or tightness in your chest that interferes with your job: Yes No
Any other symptoms that you think may be related to heart or circulation problems: Yes No

4. Do you currently take medication for any of the following problems?
Breathing or lung problems: Yes No
Heart trouble: Yes No
Nose, throat or sinuses Yes No
Are your problems under control with these medications? Yes No

5. If you've used a respirator, have you ever had any of the following problems while respirator is being used? (If you've never used a respirator, check the following space and go to #6: ____)
Skin allergies or rashes: Yes No
Anxiety: Yes No
General weakness or fatigue: Yes No
Any other problem that interferes with your use of a respirator: Yes No

6. Would you like to talk to the health care professional who will review this questionnaire about your answers to this questionnaire: Yes No

Employee: _____ (print) _____ (sign) _____ (date)

PLHCP: _____ (print) _____ (sign) _____ (date)