

County of Inyo
Aerosol Transmissible Disease
Exposure Control Plan

Updated February 2023
Adopted by Board of Supervisors 3/21/2023

In the event of an occupational exposure:
Promptly notify your supervisor and call (877.215.7285)
the Employee Work Related Injury and Illness Hotline
to report the event and to speak with a triage nurse.

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I. PURPOSE AND 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 Exhibit A. This plan guides departments to implement common infection control measures 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, available to affected employees during work hours. The Sheriff's Department has its own policy, number 1007, regarding communicable diseases, which includes including ATDs.

II. PLAN ADMINISTRATION

Risk Management maintains general plan documentation. Risk coordinates with Department Heads who have employees with high exposure potential (HEP) and with the Safety Committee for the routine annual routine review of this plan. 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 digital copy of this ATDECP will be available anytime from the County intranet as well as from a Department Head or Personnel office with a five business day notice. A copy may also be maintained at locations of high exposure potential (HEP). HEP workers are provided a copy when they begin employment and during their annual training.

III. OCCUPATIONAL EXPOSURE

Personnel and/or Risk Management should promptly notify employees who may have had a known occupational exposure to an ATD. Exposure records are kept separately from other employee personnel records. Employees who believe they were exposed to an ATD while working should promptly notify their supervisor and call the Employee Work-Related Injury and Illness Process 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. Medical services, including vaccinations, tests, examinations, evaluations, determinations, procedures, and medical management and follow-up, shall be performed by or under the supervision of a (PLHCP) Physician or other licensed healthcare professional. 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 affect. Medical clearance may be required prior to returning to the workplace.

IV. HIGH EXPOSURE PROBABILITY (HEP) EMPLOYEES

This document 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 other Public Health staff related to a person with a suspect or confirmed infectious ATD case.
- Public Works: Repairing or replacing or maintaining air systems or equipment that may be anticipated to contain ATDs
- Social Services & Public Guardian: Handling of potentially infectious materials in a potentially uncleared environment.
- 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 its own policies and procedures on communicable diseases.]
- 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 and are excluded from this plan though listed here for reference.]
- Probation: Sample collection and other handling of potentially infectious materials

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, investigation, or treatment.
- In-person public health contact tracing or health screening activities.
- Operations of Probation detention areas, Progress House, 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 Head or designee may request that the person remove themselves from the area and advise that they seek medical attention. 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 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.

If 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. Employees must stay home and not come into the workplace if they feel sick, and to go home or seek medical attention if they become ill during the workday. Persons who suspect they have a respiratory condition or feel similarly ill are advised to do the following: 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 and their designees are expected to educate their 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 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. Fit testing should be completed annually or anytime an individual's weight changes enough to modify the fit. 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. OTHER RECOGNIZED HAZARDS

COVID-19 is an aerosol transmissible disease. Where the ATDECP applies, it supersedes the Inyo County CPP when the ATDECP provides those employees with the same or a greater level of protection against COVID-19 in the workplace.

Monkeypox (MPX) is an aerosol transmissible disease. It is a viral infection that can spread from infected humans, animals, and materials contaminated with the virus. There has been a rapid rise in cases in California since May 2022, though not to date in Inyo County. The disease is typically self-limited (resolves on its own without treatment) but may be severe in immunocompromised individuals.

MPX spreads primarily by close or direct contact with infectious rashes, lesions, scabs, or body fluids. It can also spread through touching materials used by a person with MPX that have not been cleaned, such as clothing, towels, and bedding. The virus can become airborne during changing or handling of contaminated linen. In addition to lesions on the skin, lesions may be located in the mouth or throat, and research is underway to further understand the role of respiratory fluids, droplets, and particles in the transmission of MPX. Public health recommendations to prevent the spread of MPX for employees entering rooms in which persons with suspected or confirmed MPX are located or were recently located include the use of NIOSH-approved particulate respirators equipped with fit tested N95 filters or higher, Eye protection (i.e., goggles or a face shield that covers the front and sides of the face), Gowns, and gloves. See also: <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Mpox.aspx>.

Fentanyl is a member of the class of drugs known as fentanyls, rapid-acting opioid (synthetic opiate) drugs that alleviate pain without causing loss of consciousness (analgesic). Fentanyl depresses central nervous system (CNS) and respiratory function. Exposure to fentanyl may be fatal. Fentanyl is estimated to be 80 times as potent as morphine and hundreds of times more potent than heroin. It is a drug of abuse. Fentanyl (and other opioids) could possibly be used as an incapacitating agent to impair a person's ability to function. In October 2002, the Russian military reportedly used "a fentanyl derivative" against terrorists holding hostages in a Moscow theater; 127 of the hostages died. It is unclear whether the gas used also included other chemical agent(s). Fentanyl is odorless.

Fentanyl can be disseminated through indoor air, water, food, outdoor air, and agricultural means. **Fentanyl can be released into indoor air as fine particles or liquid spray (aerosol). Fentanyl can be used to contaminate water. Fentanyl can be used to contaminate food. Fentanyl can be released into outdoor air as fine particles or liquid spray (aerosol). If fentanyl is released into the air as fine particles or liquid spray (aerosol), it has the potential to contaminate agricultural products.**

X. 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 or the local area hospital. 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.

XI. 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 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.

XII. 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.

XIII. 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.

EXHIBITS FOLLOW.

Exhibit 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.

HEP employees hold any of the following countywide job titles:

Health and Human Services (HHS):

Residential Caregiver, Public Health Nurse, Registered Nurse, HHS Specialist, Social Services Aide, Social Worker, Social Worker Supervisor, Integrated Caseworker.

Probation Department:

Probation Officer, Rehabilitation Specialist, Probation Services Coordinator.

Public Administrator/Public Guardian (PAPG):

Public Administrator/Guardian, Public Administrator/Guardian Deputy.

Public Works (PW):

Building & Grounds Worker, Building Maintenance Water Supervisor, Building Maintenance Worker, Custodian, Equipment Mechanic Trainee, Road Maintenance Crew Supervisor, Road Maintenance Worker, Gate Attendant, Equipment Operators, Solid Waste Forman.

District Attorney (DA):

DA Criminal Investigator, DA Investigator I.

Sheriff's Department/Jail (SO):

Lieutenant, Sergeant, Corporal, Investigator, Deputy Sheriff, Correctional Officer, Evidence Technician, Animal Control Officer, Animal Control Supervisor, Shelter Assistant. For more information, see departmental policy on Communicable Diseases.

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 an elevated level of exposure to an ATD for the calendar year. If a job title or task should be added or removed, please contact Risk Management.

Exhibit 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.)

Please note: Immunity titers may be drawn before asking an employee to decline/receive a vaccine, as the California vaccination registry was not operational when some employees received childhood vaccines, and employees might not have their records. Most employees will have immunity to the diseases listed above, as proven by titers, and this can save them from getting revaccinated unnecessarily. For example, Hep B titers are drawn on PH and WIC staff due to exposures inherent in their duties. They get revaccinated if their immunity has waned.

Exhibit C: Vaccination Declination Statement (Mandatory)

An employee subject to this ATDECP who declines to accept a recommended vaccination offered by Inyo County must sign and date the following or a similar 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)

RETURN FORM TO PERSONNEL AND MARK CONFIDENTIAL.

Exhibit D: Seasonal Influenza Vaccination Declination Statement (Mandatory)

An employee subject to this ATDECP 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)

RETURN FORM TO PERSONNEL AND MARK CONFIDENTIAL.

Exhibit E: Alternative Respirator Medical Evaluation Questionnaire (Pg 1/2)

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 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

Exhibit E: Alternative Respirator Medical Evaluation Questionnaire (Pg 2/2)

- 3. 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

- 4. 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

- 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)