

Aerosol Transmissible Diseases Exposure Control Plan

801.1 PURPOSE AND SCOPE

The intent of the Sonoma County Probation (Probation) Department's Aerosol Transmissible Diseases (ATD) Exposure Control Plan is to establish procedures that promote safe work practices and to provide an environment that reduces exposures to ATD's such as tuberculosis, SARS, meningitis, pertussis (whooping cough), and seasonal influenza, including COVID-19,. Procedures have been developed, and established in accordance with the CAL/OSHA ATD Standard, California Code of Regulations (CCR), Title 8, Section 5199 to:

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

The ATD Standard applies to Probation's staff in job classifications that have occupational exposure to ATD's as defined by the ATD regulations:

- Sworn staff - Juvenile Correctional Counselors, Probation Officers, PICS/PIFS, Sworn Managers
- Non-sworn - Legal Processors, Senior Legal Processors, Cooks/Chef, Camp Admin Aid, Residential Services Workers, Probation Assistants, comply with the procedures outlined in this ATD Exposure Control Plan.

801.1.1 DEFINITIONS

Refer to Appendix A for a list of ATD Standard Definitions.

801.2 RESPONSIBILITIES

801.2.1 CHIEF PROBATION OFFICER

The Chief Probation Officer has the responsibility to:

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

801.2.2 ATD ADMINISTRATOR

Department Safety Manager is the designated ATD Administrator and has the authority and full support of the Chief to perform these duties. The Administrator has the responsibility to:

- Demonstrate knowledge in infection control principles and practices as they apply to Probation's facilities and operations.

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- Provide information on health alerts and community outbreaks from the local health officer to Divisions for presentation during daily briefings, or email notifications.
- Ensure ATD procedures are implemented in the department.
- Determine department-specific methods for source control, cleaning/disinfection of work areas and equipment, and the use of personal protective equipment (PPE), including respirators.
- Implement communication procedures to inform employees, and other employers involved in the exposure incident who may have had contact with the ATD case.
- Document exposure incidents and implement the post-exposure evaluation process for affected employees.
- Ensure employees receive initial and annual training in ATD procedures.
- Offer required vaccinations and tuberculosis (TB) testing annually.
- Maintain all required records for the ATD procedures, including a list of personnel that may require different masking requirements.
 - Any documentation that is of a medical nature will be maintained in the employee's confidential medical file.
- Conduct an annual review of the ATD procedures and provide a summary to the Chief Probation Officer.

801.2.3 DIVISION DIRECTOR

Division Director has the responsibility to:

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

801.2.4 JUVENILE CORRECTIONAL COUNSELOR, PROBATION INDUSTRIES CREW/ FIELD SUPERVISOR, PROBATION OFFICE, SWORN MANAGERS, PROBATION ASSISTANT, LEGAL/SENIOR PROCESSOR, COOKS/CHEF, CAMP ADMIN AID, RESIDENTIAL SERVICE WORKERS

All exposed employees have a responsibility to:

- Recognize signs and symptoms of ATDs based on screening procedures.
- Comply with safe work practices when exposure to a suspected ATD case occurs.
- Provide input regarding the effectiveness of the procedures to the ATD Administrator, including input during the annual review.
- Attend annual ATD training.

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- Receive vaccinations and annual TB testing offered by the department TB. Testing and vaccinations shall be offered per ATD standard T8 S 5199 (h Medical Services. (1)(3)(5)(10).
- Follow post-exposure evaluation procedures if an exposure incident occurs.

801.2.5 SEPARATELY COVERED DEPARTMENT OF HEALTH SERVICES (DHS) EMPLOYEES

DHS employees who are separately covered under DHS's ATD Exposure Control Plan have a responsibility to:

- Provide healthcare to residents housed in Probation's facilities.
- Provide recommendations on exposure prevention precautions and communicate this information to the Probation Department.

801.2.6 SEPARATELY COVERED GENERAL SERVICES DEPARTMENT, FACILITIES DEVELOPMENT AND FACILITIES MANAGEMENT DIVISION (FDFM) EMPLOYEES

FDFM employees who are separately covered under FDFM's ATD Exposure Control Plan have a responsibility to:

- Provide testing and maintenance for ventilation systems to the areas in Juvenile Hall that are designated as isolation rooms.

801.2.7 AFFECTED VENDORS AND CONTRACTORS

Affected vendors and contractors:

- Must comply with provisions of California Code of Regulations (CCR), Title 8, Section 5199.

801.3 OCCUPATIONAL EXPOSURE DETERMINATION

Cal/OSHA defines an "occupational exposure" as exposure from work activity or working conditions that is reasonably anticipated to create an elevated risk of contracting an ATD if protection measures are not in place. "Elevated" means: higher than what is considered ordinary for employees having direct contact with the general public outside.

The following Probation personnel have the potential for occupational exposure as defined in the standard:

- Sworn Staff
 - Juvenile Correctional Counselor/Sworn Managers
 - Activity/Exposure:
 - Process youth or adults suspected or known to be infected with ATD's.
 - Detain/arrest/transport youth or adults suspected or known to be infected with ATD's.

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- Direct contact with institutional residents suspected or known to be infected with ATD's.
 - Field Contact: JCC's working at Camp visit youth at home who may be suspected or known to be infected with ATD's.
- Probation Industries Crew/Field Supervisor/Sworn Manager:
 - Activity/Exposure
 - Field Contact: Transport of and contact with Adult/Youth offenders working on Supervised Work Crews at various sites in the community who may be suspected or known to be infected with ATD's.
 - Direct contact with institution residents suspected or known to be infected with ATD's.
- Probation Officer/Sworn Managers
 - Activity/Exposure
 - Process adults or youth suspected or known to be infected with ATD's.
 - Detain/arrest/transport adults or youth suspected or known to be infected with ATD's.
 - Field Contact: Adult offenders visited at home/community and youth visited at home/community or school who may be suspected or known to be infected with ATD's.
 - Contact with adult & youth offenders participating in the Work Release program.
- Non-Sworn Staff (including Residential Service Worker, Legal/Senior Processor, Camp Administrative Aide and Chef/Cook, Interns, Volunteers, Community Providers, and Contractors)
 - Probation Assistant
 - Activity/Exposure
 - Process adults or youth suspected or known to be infected with ATD's.
 - Direct contact with clients, offenders suspected or known to be infected with ATD's.
 - Legal/Senior Processor
 - Activity/Exposure
 - Process adults or youth suspected or known to be infected with ATD's.

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801.4 IDENTIFICATION AND ISOLATION OF RESIDENT ATD CASES

- Screening
 - Staff will utilize infection control measures at the earliest point that a suspected ATD is identified.
- During the Intake Process
 - See JH/Camp policy numbers: Intake Procedure 4.1.1, 11.5 (Medical Care Housing) policy and 5.1.15 (COVID-19 & Other Communicable Disease Response) for additional information on staff screening, various levels of quarantine.

801.5 WORK PRACTICE CONTROLS (INCLUDING SOURCE CONTROL)

The Cal/OSHA regulation requires the exposure control measures that will be utilized for protection against ATDs to be outlined in this plan. Two basic types of protective measures are required, depending upon the ATD and the mode of transmission. The two types are: 1) Airborne Infection Isolation and 2) droplet precautions. Appendix D of this plan lists ATDs and the type of protection that is appropriate. (i.e., Exposure to cases or suspected cases of ATDs listed in Section 1 of Appendix D must be controlled through the use of airborne infection isolation measures. This includes TB, COVID-19 and Avian Influenza).

To prevent the transmission of all respiratory infections in Probation facilities, the following infection control measures should be practiced at the first point of contact with a person suspected or known to have an ATD:

801.5.1 OFFENDER/CLIENT CONTROL

Lobby and common areas: As the first point of contact with a potentially infected person:

- Sworn and Non-Sworn Probation staff will observe adults/youth/clients for visible signs of ATD symptoms. If symptoms of possible ATD are observed,
 - Staff should ask screening questions to determine potential for ATD exposure.
 - Utilize appropriate control measures. See Following Sections:
 - Hand Hygiene
 - Respiratory Hygiene/Cough etiquette
 - Separation and Masking of Potential ATD Source
 - Contact DPO IV/JCC/PIFS or the individual's assigned DPO, who will determine if the individual with suspected ATD should be directed to leave the building and reschedule their appointment or business with the department.
- Non-Sworn staff in Probation Services shall Contact DPOIV or the individual's assigned DPO, who will determine if individual with suspected ATD should be directed to leave the building and reschedule their appointment or business with the department.

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- Non-Sworn staff at Juvenile Hall and Probation Camp shall contact JCCIV, who will determine if individual with suspected ATD should be directed to leave the building and reschedule their appointment or business with the department.
- Probation Officers assess the importance/purpose of the contact with an offender known or suspected to have an ATD relative to the risk of continued/additional exposure to known or suspected ATD. Probation Officers may:
 - Direct the offender with known or suspected ATD to leave the building and reschedule their appointment or business with the department and notify their supervisor so any further appropriate action can be taken.
 - If it is critical that an appointment take place, use respiratory protection when coming into close/direct contact with an adult/youth known or suspected to have an ATD. This use of respiratory protection is in compliance with the Probation Department's written respiratory protection program.
 - Refer to **and** below.
- Work areas, vehicles, and equipment that have been contaminated with aerosol transmissible disease pathogens, and pose an infection risk to employees will be cleaned and decontaminated.

Field Operations: As the first point of contact with a potentially infected person:

- Sworn and Non-Sworn Probation staff will observe offenders/youth/clients for visible signs of ATD symptoms. If symptoms of possible ATD are observed, staff shall ask screening questions to determine potential for ATD exposure.
- Employees will use respiratory protection when entering the residence of an offender/youth where a known or suspected ATD is present. This use of respiratory protection is in compliance with the Probation Department's written respiratory protection program. Employees shall further use respiratory protection in accordance with Department Policy and local and State Health Orders even when an ATD is not known or suspected.
- Refer to **and** below.

801.5.2 EMPLOYEE INFECTION CONTROL

- Stay home if you are sick.
- Use a tissue to cover coughs and sneezes.
- Properly dispose of used tissues in waste receptacles.
- If you don't have a tissue, cough or sneeze into your upper sleeves, not your hands.

Note: You may be asked to put on a surgical mask to protect others.

801.5.3 HAND HYGIENE

- Practice good hand hygiene by hand washing after coughing and/or sneezing.
- Practice good hand hygiene by hand washing periodically throughout the day.

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- Wash hands before eating, drinking or touching the face.

Note: Hand hygiene methods may include hand washing with non-antimicrobial soap and water, alcohol-based hand rub or antiseptic hand wash.

- Probation facilities shall provide conveniently located dispensers of alcohol –based hand rub in facilities, offices and field operations.
- Where sinks are available, Probation will ensure that supplies for hand washing (i.e., soap disposable towels) are consistently available.

801.5.4 VISUAL ALERTS

Visual alerts (in appropriate languages) are posted at the entrance to facilities instructing visitors and clients to inform Probation staff of symptoms of a respiratory infection when they first enter the building and to practice Respiratory Hygiene/Cough Etiquette.

- Notice to Patients to Report Flu Symptoms - <http://www.cdc.gov/ncidod/pdf/Infdis/RespiratoryPoster.pdf>
 - Emphasizes covering coughs and sneezes and the cleaning of hands.
- Cover Your Cough - <http://www.cdc.gov/flu/protect/covercough.htm>
 - Tips to prevent the spread of germs from coughing.
- Information about Personal Protective Equipment (PPE) - <http://www.cdc.gov/ncidod/dhqp/ppe.html>
 - Demonstrates the sequence for donning and removing PPE.

801.5.5 RESPIRATORY HYGIENE/COUGH ETIQUETTE

The following measures to contain respiratory secretions are recommended for all individuals with signs and symptoms of an ATD:

- 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.
- Perform hand hygiene per above, after having contact with respiratory secretions and contaminated objects/materials.
- Wear an appropriate facial covering.

801.5.6 SEPARATION AND MASKING OF POTENTIAL ATD SOURCE

Move the person to a separate room or area. If a common area must be used, seat the person at least six feet away from others. Juvenile Hall and probation officers have interview or private rooms that will allow the separation of a potential ATD source.

Determine whether it is appropriate to offer the person a surgical or procedure mask, tissues, and hand sanitizer or hand washing facilities. The source control supplies are located in supply closets, testing toilets, interview rooms, and department vehicles and adjacent to public entrances of each Division.

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The person will be informed about the following Probation's recommended controls to reduce the potential for disease transmission including:

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

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

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

Respiratory protection use must be in compliance with Probation's written Respiratory Protection Program located in Policy and Procedure binders and on SharePoint under Policy and Procedures/ Safety. Probation is utilizing N95 particulate respirators for protection against potentially infectious aerosols. Supplies of the single use respirators are located in supply closets, testing toilets, interview rooms, and department vehicles and adjacent to public entrances of each Division.

801.5.7 PRECAUTIONS FOR MOVING RESIDENTS

Resident transfers within facility or between facilities shall be in accordance with the following:

- Transfers to airborne infection isolation rooms or areas within the facility shall occur as soon as is practicable, but in no event more than 5 hours after identification. If there is no airborne infection isolation room or area available within this time, the individual must be transferred to another suitable facility.
- Transfers to other facilities shall occur within 5 hours of identification. If at the end of the 5- hour period, and at least every 24 hours thereafter, where transfer to another suitable facility has not occurred, each of the following items must be documented/ verified by the Plan Administrator:
- The local health officer has been contacted.
- There is no airborne infection isolation room or area available within the jurisdiction.
- Reasonable efforts have been made to contact establishments outside of the jurisdiction.
- All applicable measures as provided for in this plan and as recommended by the local health officer have been implemented.

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- All employees who enter the room or area housing the individual are provided with, and use, appropriate personal protective equipment and respiratory protection in accordance with Probation's Respiratory Protection Program.

Exceptions:

- Where the treating physician determines that transfer would be detrimental to the person's condition, the person need not be transferred. In that case, the use of respiratory protection shall be fully implemented when entering the room or area housing the individual. The person's condition shall be reviewed at least every 24 hours to determine if transfer is safe, and the determination shall be documented. Once transfer is determined to be safe, transfer must be made within the time period set forth above.
- Where the transfer of the individual would present an immediate and significant security risk or danger to the public.
- Where it is not feasible to provide airborne infection isolation rooms or areas to individuals suspected or confirmed to be infected with or carriers of novel or unknown ATDs, other effective control measures to reduce the risk of transmission to employees shall be used which shall include the use of respiratory protection.

801.5.8 PRECAUTIONS FOR TRANSPORTING ADULT OFFENDERS AND YOUTH

The ventilation system for the vehicle should bring in as much outdoor air as possible, and the system shall be set to non-recirculating. If possible, the cab shall be physically isolated from the rest of the vehicle, and the resident should be placed in the rear seat.

When the vehicle is not designed for isolating individuals with suspected or confirmed ATDs, drivers and other persons who are transporting clients in an enclosed vehicle shall wear at least an N95 disposable respirator. If the individual has signs or symptoms of ATDs, the individual should wear a surgical or procedure mask during transport, in waiting areas, or when others are present.

801.5.9 CLEANING AND DISINFECTION PRACTICES

Work areas, vehicles, and equipment that have been contaminated with aerosol transmissible disease pathogens, and pose an infection risk to employees and others will be cleaned and decontaminated. The approved cleaning and disinfecting materials along with appropriate personal protective equipment is available at Probation facilities in supply closets, testing toilets, interview rooms, and department vehicles and adjacent to public entrances of each Division.

EPA-registered hospital detergent disinfectants approved and effective for the specific use and disease organism will be used by properly protected staff. The EPA website has lists of registered antimicrobial products.

Contaminated work surfaces include exposed areas in the interview rooms, testing toilets, holding cells, medical exam rooms, dorms, housing units and vehicles, etc. Emphasis of cleaning should be on the exposed surfaces, tables, sinks, or where there is direct contact with bodily fluids or secretions.

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Employees will be instructed in proper cleaning and disinfection techniques to include following label instructions, and paying attention to:

- The need for cleaning surfaces prior to disinfection
- The product's dilution rate (if applicable)
- Amount to use
- Contact time

Employees will be instructed on safety precautions when using the products and will be provided access to the Material Safety Data Sheets (MSDS) according to Probation's Hazard Communication Program.

801.5.10 LAUNDRY PROCEDURES

Contaminated laundry is segregated and handled with special practices. Therefore, adherence to Standard Precautions for Bloodborne Pathogens in accordance with Probation's Bloodborne Pathogens Program (BBP) when handling contaminated laundry in isolation areas and minimizing agitation of the contaminated items, is considered sufficient to prevent the dispersal of potentially infectious aerosols. In the sorting and transporting of infectious laundry, standard precautions should be adhered to according to the procedures described in the BBP.

801.6 ENGINEERING CONTROLS

Juvenile Hall has designated rooms equipped with negative airflow to house residents suspected or known to have an ATD that requires airborne infection isolation. Airborne infection isolation rooms are located at the ends of each tier, in Housing Units 1 through 6 of Juvenile Hall (4 rooms per Housing Unit). The following is applicable regarding the rooms with negative air pressure:

- Negative air pressure is maintained at 12 air changes per hour (ACH).
- Doors of these rooms will be shut when occupied by a resident with a suspected or known ATD, except when doors are opened for entering or exiting.
- Negative air pressure in the designated rooms will be visibly demonstrated by an effective means while a room is in use for a known or suspected ATD case.

801.6.1 MAINTENANCE OF CONTROLS

Engineering controls will be maintained, inspected, and the performance monitored for exhaust or recirculation filter loading and leakage at least annually by General Services Facilities Development and Management Department (FDFM), whenever filters are changed, and more often if necessary to maintain effectiveness. They will also maintain applicable records.

801.7 RESPIRATORY PROTECTION AND ASSIGNMENTS REQUIRING THEIR USE

Respiratory protection use must be in compliance with Probation's written Respiratory Protection Program. Appendix B of this plan also includes a column noting the tasks for which respirators are required to be used.

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All respirators used will be National Institute for Occupational Safety (NIOSH) approved, required for potentially infectious aerosols, and will be at least as effective as an N95 filtering face piece respirator.

Probation maintains a stock of respirators that are located in supply closets, testing toilets, interview rooms, and department vehicles and adjacent to public entrances of each Division.

801.8 OTHER PERSONAL PROTECTIVE EQUIPMENT (PPE)

Other PPE will be provided and worn as necessary. This may include: face, eye, hand and body protection. Standard Universal Precautions are employed for all activities involving contact with decedents and material soiled by human tissue or body fluids, and the use of PPE is contained in Probation's Bloodborne Pathogens Plan.

Probation stocks an adequate cache of resupply equipment that provides a sufficient level of protection for normal operations.

801.9 COMMUNICATION PROCEDURES

After a diagnosing health care facility reports an ATD case to Sonoma County Disease Control, the Health Officer's designee, Probation will receive notification of a confirmed case from the health care facility and/or Disease Control. The ATD Administrator or Division Director is responsible for implementing the following notification: (d) Aerosol Transmissible Diseases Exposure Control Plan (2)(I)(J)

- Receive feedback from Disease Control, or the health care provider regarding what further action is necessary
- Make direct contact with affected employees immediately upon receiving notification of the confirmed ATD case. Employees will be contacted at their homes via telephone and email, or if unable to be reached, a deputy probation officer will be sent to an employee's home with instructions to immediately contact the division director or on-duty supervisor. If employees are unavailable by conventional means (phone, email or in-person contact) we will use all available resources to attempt contact to include assistance from other jurisdictions in making contact.

801.10 EXPOSURE INCIDENT ANALYSIS AND FOLLOW-UP

Exposure Incident Analysis

When a probable ATD exposure occurs the following exposure incident analysis is conducted:

- The employee notifies their supervisor

The supervisor completes Supervisor's Report of Occupational Injury/Illness Exposure (within 24 hours) and completes the Accident/Incident Investigation Report within 48 hours (Appendix C). (required under Cal/OSHA T8, S3203 Injury and Illness Prevention Program)

- The supervisor sends the employee to Kaiser Occupational Medicine for baseline testing/evaluation/risk exposure, and calls Disease Control (707) 565-4567 to report

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possible exposure. (This line is monitored M-F 8-5. Confidential messages may be left for follow-up during non-business hours.) The following information must be provided:

- Supervisor's name, department and contact information
- Name, and contact of the individual that is suspected of having an ATD (source individual)
- Name(s) of all involved county departments and outside agencies, if known
- Name(s) of all involved health care providers, if known
- If the occupational health provider or other health care provider confirms an ATD they:
 - Notify Disease Control
 - Notify the employee as soon as possible, and in no event, more than 72 hours of notification to Health Officer or designee
- Upon notification, Disease Control identifies exposed Probation and other County employees and affected employers such as health care providers, fire departments, ambulance service providers and law enforcement to assure that exposed individuals receive proper health care recommendations and education. Disease Control notifies identified employees and employers as soon as possible, and in no event, more than 96 hours
- Upon receipt of additional recommendations from occupational health provider, other health care provider or Disease Control, the employee is referred for follow-up care.

Follow-Up

In the event Disease Control confirms an exposure incident, any additional medical treatment will be provided by our occupational health provider:

Our provider maintains employee medical records, job descriptions/duties, and applicable Cal/ OSHA Standards. Upon completion of the post exposure medical evaluation, Kaiser Occupational Medicine will:

- Notify Probation regarding the employee's work status and limitations, including recommendations for precautionary removal from the employee's regular assignment
- Inform the employee of the results of the medical evaluation and offer any applicable vaccinations, prophylaxis, or treatment

Other findings and diagnoses will remain confidential and HIPPA guidelines will be followed.

801.11 MEDICAL SERVICES

Vaccination Recommendations

Probation offers and recommends all employees in Probation's identified job classifications in Section 4 receive the Seasonal Influenza Vaccination annually and at no cost to the employee:

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If the employee declines to accept the vaccination, he or she must sign the Declination Statement (Appendix D) and forward to the Probation Department HR ASO I for required record keeping. Per ATD Standard, (h)Medical Services and Appendix C-2 of this Standard. An alternative declination statement is acceptable as long as it meets CDPH requirements of Health and Safety Code 1288.7

This is also Appendix E of this Plan.

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

Latent Tuberculosis Infection (LTBI) Annual Test

Probation maintains a surveillance program for LTBI for Probation's employees. All employees in the identified job classifications in Section 4 will be offered annual TB tests. (Refer to Appendix A for the complete definition of LTBI).

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

If the employee's TB test indicates a conversion (a change in the TB test results from negative to positive) Probation will refer the employee to the following health care professional:

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

- Provide a copy of the ATD Standard (8 CCR 5199) and the employee's TB test records to the health care provider
- If the department has determined the source of the infection, the department will also provide any available diagnostic test results including drug susceptibility patterns relating to the source patient
- The department will request, with the employee's consent, that the health care provider perform any necessary diagnostic tests and inform the employee about appropriate treatment options
- The department will request that the health care provider determine if the employee is a TB case or suspected case, and to do all of the following:
 - Inform employee and the local health officer in accordance with Title 17.
 - Consult with the local health officer and inform the employer of any infection control recommendations related to the employee's activity in the workplace
 - Recommend whether precautionary removal from the employee's regular assignment is necessary to prevent the spread of disease by the employee and what type of alternate work assignment may be provided. The department will request the recommendation for precautionary removal immediately via phone or fax, and that a written opinion be issued within 15 days, containing the information outlined in paragraph (h)(9) of the standard.
- In cases where the health care provider or local health officer recommends precautionary removal from regular job duties, the department will maintain the

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employee's earnings, seniority, and other employee rights and benefits, including the employee's right to his or her former job status, as if the employee had not been removed from his/her job. These provisions do not extend to any period of time during which the employee is unable to work for reasons other than precautionary removal.

801.12 TRAINING

All employees with a potential occupational exposure will receive training:

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

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

- An explanation of ATDs, including the signs and symptoms that require further medical evaluation, including modes of transmission of ATD's
- Source control measures and how these measures will be communicated to persons the employees contact
- Transferring residents within the facilities and in vehicles
- Work practice controls, including engineering controls, cleaning and disinfection procedures
- Respiratory and personal protective equipment training
- Review of the medical services provided
- Exposure incident reporting procedures and communication procedures
- Vaccine information and education
- Location of written procedures (ATD Control Procedures and Respiratory Protection Program) and how employees can provide feedback on the effectiveness of the procedures
- The training will be offered during the normal work shift, or when feasible according to the employee's work schedule and will include an opportunity for questions and answers with a person who is knowledgeable about Probation's exposures and ATD control procedures. Training not given in person (e.g. web-based training or training videos) shall provide for interactive questions to be answered within 24 hours by a knowledgeable person.

801.13 SURGE OPERATIONS

Probation has not been designated to provide services in surge conditions.

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801.14 RECORD KEEPING

The ATD Administrator or Division designee will maintain:

- Respiratory Protection Program records per Title 8 CCR Section 5144, Respiratory Protection and the department ATD program

The ATD Administrator will maintain:

- Records of annual ATD procedures review

The Department Training Coordinator will maintain:

- Employee training records

Employee training records will include the following information:

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

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

The Department HR ASO I will maintain in a confidential manner:

- Employee medical records (including vaccination records, declination forms, TB testing records, medical clearances, post-exposure medical evaluations)

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

- The employee name and employee identification.
- The employee's vaccination status since employed with Probation. This includes dates of vaccinations, declination statements, and medical records relative to the employee's ability to receive vaccinations.
- A copy of examination results, medical testing, evaluation, and follow up of exposure incidents.
- A copy of all written opinions provided by the health care professionals as required and following an exposure incident and/or the results of TB assessments.

Probation will ensure employee medical records are kept confidential and are not disclosed or reported without the employee's written consent to any person within or outside the workplace, except as required by this standard and by law. Medical records are retained and coordinated by Probation Department HR ASO I.

Records will be maintained per Title 8, CCR, Section 3204, Access to Employee Exposure and Medical Records, and made available upon employee request. Employee medical records will be maintained in accordance with County Records Retention policies.

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801.15 NOTIFICATION OF CONTRACTORS

The ATD Administrator will provide information about infectious disease hazards to any contractor who provides temporary or contract employees who may be reasonably anticipated to have occupational exposure so that the Contractor may provide precautions to protect their employees, volunteers and contracted program staff. Reference to ATD Standard (e) Engineering and Work Practice Controls, and Personal Protective Equipment (3).

801.16 ATD CONTROL PROCEDURES REVIEW

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

801.17 APPENDICES

[Appendix A - ATD Standard Definitions](#)

[Appendix B Probation Job Classifications.pdf](#)

[Appendix C-1 Supervisors Report of injury illness exposure](#)

[Appendix C-2 Accident Incident Investigation](#)

[Appendix D Aerosol Transmissible Diseases or Pathogens](#)

[Appendix E Flu vaccination declination](#)

Attachments

Appendix A - ATD Standard Definitions.pdf

Appendix A: ATD Standard Definitions

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

Aerosol transmissible disease (ATD) or aerosol transmissible pathogen (ATP)

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

Airborne infection isolation (All)

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

Airborne infection isolation room or area (AIIR)

A room, area, booth, tent, or other enclosure that is maintained at negative pressure to adjacent areas in order to control the spread of aerosolized *M. tuberculosis* and other airborne infectious pathogens and that meets the requirements stated in subsection (e)(5)(D) of this standard.

Airborne infectious disease (AirID)

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

Airborne infectious pathogen (AirIP)

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

CDC

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

CDPH

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

Case

Either of the following:

- (1) A person who has been diagnosed by a health care provider who is lawfully authorized to diagnose, using clinical judgment or laboratory evidence, to have a particular disease or condition.

- (2) A person who is considered a case of a disease or condition that satisfies the most recent communicable disease surveillance case definitions established by the CDC and published in the Morbidity and Mortality Weekly Report (MMWR) or its supplements.

Droplet precautions

Infection control procedures as described in Guideline for Isolation Precautions designed to reduce the risk of transmission of infectious agents through contact of the conjunctivae or the mucous membranes of the nose or mouth of a susceptible person with large-particle droplets (larger than 5 µm in size) containing microorganisms generated from a person who has a clinical disease or who is a carrier of the microorganism.

Emergency medical services

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

Exposure incident

An event in which all of the following have occurred: (1) An employee has been exposed to an individual who is a case or suspected case of a reportable ATD, or to a work area or to equipment that is reasonably expected to contain ATPs associated with a reportable ATD; and (2) The exposure occurred without the benefit of applicable exposure controls required by this section, and (3) It reasonably appears from the circumstances of the exposure that transmission of disease is sufficiently likely to require medical evaluation.

Field operation

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

Guideline for Isolation Precautions

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

Health care provider

A physician and surgeon, a veterinarian, a podiatrist, a nurse practitioner, a physician assistant, a registered nurse, a nurse midwife, a school nurse, an infection control practitioner, a medical examiner, a coroner, or a dentist.

Health care worker

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

High hazard procedures

Procedures performed on a person who is a case or suspected case of an aerosol transmissible disease or on a specimen suspected of containing an ATP-L, in which the potential for being exposed to aerosol transmissible pathogens is increased due to the reasonably anticipated generation of aerosolized pathogens. Such procedures include, but are not limited to, sputum induction, bronchoscopy, aerosolized administration of pentamidine or other medications, and pulmonary function testing. High Hazard Procedures also include, but are not limited to, autopsy, clinical, surgical and laboratory procedures that may aerosolize pathogens.

Individually identifiable medical information

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

Infection control PLHCP

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

Initial treatment

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

Latent TB infection (LTBI)

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

Local health officer

The health officer for the local jurisdiction responsible for receiving and/or sending reports of communicable diseases, as defined in Title 17, CCR. NOTE: Title 17, Section 2500 requires that reports be made to the local health officer for the jurisdiction where the patient resides.

M. tuberculosis

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

Negative pressure

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

Non-medical transport

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

Novel or unknown ATP

A pathogen capable of causing serious human disease meeting the following criteria:

- (1) There is credible evidence that the pathogen is transmissible to humans by aerosols; and
- (2) The disease agent is:
 - (a) A newly recognized pathogen, or
 - (b) A newly recognized variant of a known pathogen and there is reason to believe that the variant differs significantly from the known pathogen in virulence or transmissibility, or
 - (c) A recognized pathogen that has been recently introduced into the human population, or
 - (d) A not yet identified pathogen.

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

Occupational exposure

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

Physician or other licensed health care professional (PLHCP)

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

Public health guidelines

- (1) In regards to tuberculosis, applicable guidelines published by the CTCA and/or CDPH as follows, which are hereby incorporated by reference:
- (A) Guidelines for Tuberculosis (TB) Screening and Treatment of Patients with Chronic Kidney Disease (CKD), Patients Receiving Hemodialysis (HD), Patients Receiving Peritoneal Dialysis (PD), Patients Undergoing Renal Transplantation and Employees of Dialysis Facilities, May 18, 2007.
 - (B) Guidelines for the Treatment of Active Tuberculosis Disease, April 15, 2003 including related material: Summary of Differences Between 2003 California and National Tuberculosis Treatment Guidelines, 2004, Amendment to Joint CDHS/CTCA Guidelines for the Treatment of Active Tuberculosis Disease, May 12, 2006, Appendix 3 - Algorithm for MDR-TB Cases and Hospital Discharge, May 12, 2006.
 - (C) Targeted Testing and Treatment of Latent Tuberculosis Infection in Adults and Children May 12, 2006.
 - (D) California Tuberculosis Controllers Association Position Statement: The Utilization of QuantiFERON – TB Gold in California, May 18, 2007.
 - (E) Guidelines for Mycobacteriology Services in California, April 11, 1997.
 - (F) Guidelines for the Placement or Return of Tuberculosis Patients into High Risk Housing, Work, Correctional, or In-Patient Settings, April 11, 1997.
 - (G) Contact Investigation Guidelines, November 12, 1998.
 - (H) Source Case Investigation Guidelines, April 27, 2001.
 - (I) Guidelines on Prevention and Control of Tuberculosis in California Long-Term Health Care Facilities, October 2005.
 - (J) Guidelines for Reporting Tuberculosis Suspects and Cases in California, October 1997.
 - (K) CTCA recommendations for serial TB testing of Health Care Workers (CA Licensing and Certification), September 23, 2008.

- (L) COVID-19 public health guidelines; latest version.
- (2) In regards to vaccine-preventable diseases, the publication cited in the definition of Epidemiology and Prevention of Vaccine-Preventable Diseases.
- (3) In regards to any disease or condition not addressed by the above guidelines, recommendations made by the CDPH or the local health officer pursuant to authority granted under the Health and Safety Code and/or Title 17, California Code of Regulations.

Referral

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

Referring employer

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

Reportable aerosol transmissible disease (RATD)

A disease or condition which a health care provider is required to report to the local health officer, in accordance with Title 17 CCR, Division 1, Chapter 4, and which meets the definition of an aerosol transmissible disease (ATD).

Respirator

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

Respirator user

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

Respiratory Hygiene/Cough Etiquette in Health Care Settings

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

Screening (health care provider)

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

Screening (non health care provider)

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

Significant exposure

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

Source control measures

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

Surge

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

Susceptible person

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

Suspected case Either of the following:

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

TB conversion

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

Test for tuberculosis infection (TB test)

Any test, including the tuberculin skin test and blood assays for *M. Tuberculosis* (BAMT) such as interferon gamma release assays (IGRAs) which: (1) has been approved by the Food and Drug Administration for the purposes of detecting tuberculosis infection, and (2) is recommended by the CDC for testing for TB infection in the environment in which it is used, and (3) is administered, performed, analyzed and evaluated in accordance with those approvals and guidelines. NOTE: Where surveillance for LTBI is required by Title 22, CCR, the TB test must be approved for this use by the CDPH.

Tuberculosis (TB)

A disease caused by *M. tuberculosis*.

Appendix B Probation Job Classifications.pdf

Appendix B: Probation's Job Classifications and Exposure Risk for ATD's

Job Classification	Duties Performed	Type of Respirator
Juvenile Correctional Counselor/Sworn Managers	<ul style="list-style-type: none"> Process youth suspected or known to be infected with ATD's Detain/arrest/transport adults/youth suspected or known to be infected with ATD's Direct contact with institution residents suspected or known to be infected with ATD's Field Contact: Community Detention and Aftercare JCC's visit youth at home and school who may be suspected or known to be infected with ATD's 	NIOSH approved N95 respirator
Probation Officer/Sworn Managers	<ul style="list-style-type: none"> Process adult offenders/youth suspected or known to be infected with ATD's Detain/arrest/transport adult offenders or youth suspected or known to be infected with ATD's Field Contact: Adult offenders visited at home/community and youth visited at home/community or school who may be suspected or known to be infected with ATD's 	NIOSH approved N95 respirator
Probation Assistant	<ul style="list-style-type: none"> Process and transport adult offenders/youth suspected or known to be infected with ATD's Direct contact with clients, offenders and institution residents suspected or known to be infected with ATD's 	NIOSH approved N95 respirator
Legal Processor, Senior Legal Processor	<ul style="list-style-type: none"> Process adults or youth suspected or known to be infected with ATD's 	NIOSH approved N95 respirator
Job Classification	Duties Performed	Type of Respirator
Probation Industries Crew Supervisors, Probation Industries Field Supervisors, Sworn Manager	<ul style="list-style-type: none"> Field Contact: Transport of and contact with Adult/Youth offenders working on Supervised Work Crews at various sites in the community who may be suspected or known to be infected with ATD's Direct contact with institution residents suspected or known to be infected with ATD's 	NIOSH approved N95 respirator

Appendix C-1

supervisors_report_of_injury_illness_exposure.pdf

COUNTY OF SONOMA

Supervisor's Report of Occupational Injury / Illness / Exposure

This report must be completed by the Supervisor* and sent to Risk Management within **24 hours** of knowledge of the injury. Send copy to Safety Coordinator and follow department procedures.

Employee Information	1. Name of Injured (Last, First)		2. Employee ID #		3. Job Title	
	4. Department		5. Division & Section		6. Work Location	
	7. Work Phone		8. Home Phone			
	9. Employment Type - Paid		10. Unpaid Worker - Check applicable box and complete sections 11 & 12			
Incident Information	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Extra Help <input type="checkbox"/> Seasonal		<input type="checkbox"/> Volunteer <input type="checkbox"/> Intern <input type="checkbox"/> Work Release / SAC <input type="checkbox"/> General Assistance		11. Home Address	
	12. Last 4 digits social security					
	13. Date of Injury		14. Time of Injury		15. Time Shift Began	
	16. Did Injury occur during overtime?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
	17. Location of injury w/ Zip Code. (Building/specific area, address if non-county location)		18. Did injury occur on County property?			
	19. Body part(s) injured or affected by illness or exposure (list all affected).		20. Was repetitive motion activity involved?			
	21. What type of injury/illness/exposure? (e.g. cut, sprain, bruise, pain, scrape, etc.)		22. Were other persons injured?			
	23. What specific activity was the employee doing when the injury occurred? (e.g. loading boxes into truck)		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
	24. Describe in detail how the injury occurred. Provide the sequence of events. Include what employee was doing prior to the injury.					
	25. Equipment or material employee was using when injury occurred (e.g. keyboard, ladder, forklift, etc.)		26. County Vehicle?			
Medical Information	27. Date of employer's knowledge of injury		28. Did Employee ASK for a Workers' Compensation Claim Form?			
	29. Names(s) of witnesses or other persons injured.		<input type="checkbox"/> Yes <input type="checkbox"/> No			
	30. Phone number(s) of witnesses or others injured					
	31. Medical services provided by: (check all that apply)		32. Name of medical provider (if other than Kaiser Occupational Health)			
Supervisor	<input type="checkbox"/> No First Aid or Medical Services- Injury Report Only <input type="checkbox"/> First Aid at Work Location <input type="checkbox"/> Kaiser Occupational Health <input type="checkbox"/> Personal Medical Provider <input type="checkbox"/> Emergency Room <input type="checkbox"/> Inpatient Hospitalization <input type="checkbox"/> Transported by Ambulance		<input type="checkbox"/> - - Complete #32 & #33		33. Address and phone of medical provider listed in # 32, if known	
	34. Date employee last worked (if time was lost beyond date of injury)					
	Supervisor's Name (print name)		Supervisor's Email		Supervisor's Phone	
Temporary Supervisor (completing on behalf of regular supervisor)		Temporary Supervisor's Phone		Date Report Completed		

* See Instructions for Completion of the Supervisor's Report of Occupational Injury / Illness / Exposure

Appendix C-2 Accident-Incident-Investigation.pdf

COUNTY OF SONOMA

Accident/Incident Investigation Report of Occupational Injury or Illness

This report must be completed by the Supervisor and sent to Department Safety Coordinator and Risk Management within **2 working days** of the incident. Follow additional Department procedures.

1. Name of injured employee (last, first)		2. Employee ID #		3. Date of Injury	
4. How injury/illness occurred in detail. Describe sequence of events. Specify object or exposure which directly produced the injury/illness.					
5. Initial Factors					
<input type="checkbox"/> Cut/Puncture/Scrape <input type="checkbox"/> Fall – from elevation <input type="checkbox"/> Repetitive activity involved <input type="checkbox"/> Disease exposure <input type="checkbox"/> Struck by/against <input type="checkbox"/> Slip/trip/fall – same level <input type="checkbox"/> Motor vehicle operated <input type="checkbox"/> Chemical exposure <input type="checkbox"/> Caught in/under/between <input type="checkbox"/> Material handling/lifting <input type="checkbox"/> Body fluid exposure <input type="checkbox"/> Other _____					
6. CONTRIBUTING FACTORS - Identify multiple contributing factors involved in the accident or incident					
Equipment / PPE <input type="checkbox"/> Defect or malfunction <input type="checkbox"/> Improper for job <input type="checkbox"/> Improper use <input type="checkbox"/> Not readily available <input type="checkbox"/> Design/ quality contributed to hazard		Environment / Work Area <input type="checkbox"/> Inadequate layout/space <input type="checkbox"/> Poor housekeeping <input type="checkbox"/> Ergonomic hazards <input type="checkbox"/> Unauthorized entry <input type="checkbox"/> Environmental conditions		Policy / Procedure <input type="checkbox"/> None available for task <input type="checkbox"/> Does not address hazards <input type="checkbox"/> Specific responsibilities not clearly assigned <input type="checkbox"/> No method to monitor and track implementation <input type="checkbox"/> Not consistent with best practices or regulations	
		Implementation <input type="checkbox"/> Hazard not identified, or perceived as low risk <input type="checkbox"/> Lack of resources to implement safety policy <input type="checkbox"/> Inadequate training <input type="checkbox"/> Poor/inconsistent implementation of policy <input type="checkbox"/> Employee unaware of hazard		Individual <input type="checkbox"/> Employee fatigue <input type="checkbox"/> Not able to perform work <input type="checkbox"/> Difficult to perform task without help <input type="checkbox"/> Aware of hazard and controls but did not follow safe practice <input type="checkbox"/> Other	
7. CORRECTIVE ACTIONS - Select possible corrective actions for each contributing factor identified					
Equipment / PPE <input type="checkbox"/> Develop inspection procedure <input type="checkbox"/> Identify proper equipment (JSA) <input type="checkbox"/> Train employees on proper equipment use <input type="checkbox"/> Evaluate equipment needs and access <input type="checkbox"/> Review equipment design/quality for task		Environment <input type="checkbox"/> Redesign work area <input type="checkbox"/> Implement periodic safety inspections <input type="checkbox"/> Conduct ergonomic evaluation <input type="checkbox"/> Develop controls to prevent entry <input type="checkbox"/> Review controls for environmental conditions		Policy / Procedure <input type="checkbox"/> Develop procedure <input type="checkbox"/> Revise to control the hazards identified <input type="checkbox"/> Revise to assign responsibilities <input type="checkbox"/> Develop system to monitor implementation <input type="checkbox"/> Revise to reflect best practices/regulations	
		Implementation <input type="checkbox"/> Establish hazard assessment and risk prioritization system <input type="checkbox"/> Review resource allocation for safety <input type="checkbox"/> Revise training plan to ensure job-specific training for supervisors and employees <input type="checkbox"/> Establish method to monitor compliance <input type="checkbox"/> Review training delivery and effectiveness		Individual <input type="checkbox"/> Review contributing factors for fatigue <input type="checkbox"/> Review job demands / need for transitional duty <input type="checkbox"/> Assess need for job redesign/assistive devices <input type="checkbox"/> Initiate compliance procedures (Department IIPP and County Safety Management Plan) <input type="checkbox"/> Establish corrective actions appropriate for the contributing factor	
8. Corrective Action Plan					
<i>Action</i>		<i>Who</i>		<i>When</i>	
a)					
b)					
c)					
9. Investigation Review and Approval					
Supervisor name		Supervisor approval signature		Date	
Department Safety Coordinator name		Department Safety Coordinator approval signature		Date	
Director/Manager name		Director/Manager approval signature		Date	

☐ Near Miss Investigation

Appendix D Aerosol Transmissible Diseases or Pathogens.pdf

Appendix D: Aerosol Transmissible Diseases/Pathogens (Mandatory)

This appendix contains a list of diseases and pathogens which are currently considered to be aerosol transmissible pathogens or diseases for the purpose of this plan. Employers are required to provide the protections required by the Cal/OSHA regulation (Appendix D) according to whether the disease or pathogen requires airborne infection isolation or droplet precautions as indicated by the two lists below.

1. *Diseases/Pathogens Requiring Airborne Infection Isolation*

Aerosolizable spore-containing powder or other substance that is capable of causing serious human disease, e.g. Anthrax/Bacillus anthracis

Avian influenza/Avian influenza A viruses (strains capable of causing serious disease in humans)

Varicella disease (chickenpox, shingles)/Varicella zoster and Herpes zoster viruses, disseminated disease in any patient. Localized disease in immunocompromised patient until disseminated infection ruled out

Measles (rubella)/Measles virus

Monkey pox/Monkey pox virus

Novel or unknown pathogens/including novel corona viruses (ex.COVID-19)

Severe acute respiratory syndrome (SARS)

Smallpox (variola)/Variola virus

Tuberculosis (TB)/Mycobacterium tuberculosis -- Extrapulmonary, draining lesion

Pulmonary or laryngeal disease, confirmed; Pulmonary or laryngeal disease, suspected

Any other disease for which public health guidelines recommend airborne infection isolation

2. *Diseases/Pathogens Requiring Droplet Precautions*

Diphtheria pharyngeal

Epiglottitis, due to Haemophilus influenzae type b

Haemophilus influenzae Serotype b (Hib) disease/Haemophilus influenzae serotype b -- Infants and children

Influenza, human (typical seasonal variations)/influenza viruses/including COVID-19

Meningitis

Haemophilus influenzae, type b known or suspected

Neisseria meningitidis (meningococcal) known or suspected

Meningococcal disease sepsis, pneumonia (see also meningitis)

Mumps (infectious parotitis)/Mumps virus

Mycoplasmal pneumonia

Parvovirus B19 infection (erythema infectiosum)

Pertussis (whooping cough)

Pharyngitis in infants and young children/Adenovirus, Orthomyxoviridae,

Epstein-Barr virus, Herpes simplex virus,

Pneumonia

Adenovirus

Haemophilus influenzae Serotype b, infants and children

Meningococcal

Mycoplasma, primary atypical

Streptococcus Group A

Pneumonic plague/Yersinia pestis
Rubella virus infection (German measles)/Rubella virus
Severe acute respiratory syndrome (SARS)
Streptococcal disease (group A streptococcus)
 Skin, wound or burn, Major
 Pharyngitis in infants and young children
 Pneumonia
 Scarlet fever in infants and young children
 Serious invasive disease
Viral hemorrhagic fevers due to Lassa, Ebola, Marburg, Crimean-Congo fever

3. *Viruses (airborne infection isolation and respirator use may be required for aerosol-generating procedures)*

Any other disease for which public health guidelines recommend droplet precautions

Appendix E Flu vaccination declination.pdf

Appendix E: Seasonal Flu Declination

SEASONAL FLU VACCINATION DECLINATION FORM Aerosol Transmissible Disease Program

I understand that due to my occupational exposure to aerosol transmissible diseases, I may be at risk of acquiring Seasonal Flu Influenza and am being given the opportunity to receive this vaccination.

_____ <i>Employee Name</i>	_____ <i>Employee ID #</i>	_____ <i>Dept/Div</i>
_____ <i>Job Title</i>	_____ <i>Date</i>	

Seasonal Flu Vaccination Program

(Sign and Date the Vaccine Declination Statement below)

I understand that due to my occupational exposure to aerosol transmissible diseases, I may be at risk of acquiring infection. I have been given the opportunity to be vaccinated against this infection at no charge to me. However, I decline the recommended vaccination at this time. I understand that by declining this vaccine, I continue to be at risk for 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.

☐ I **DECLINE** since I have previously been vaccinated.

_____ <i>Employee Signature</i>	_____ <i>Date</i>
------------------------------------	----------------------

☐ I **DECLINE** this seasonal flu vaccine at this time.

_____ <i>Employee Signature</i>	_____ <i>Date</i>
------------------------------------	----------------------