The following are not covered by this standard:

(A) Outpatient dental clinics or offices are not required to comply with this standard if they meet all of the following conditions:

1. Dental procedures are not performed on patients identified to them as ATD cases or suspected ATD cases.
2. The Injury and Illness Prevention Program includes a written procedure for screening patients for ATDs that is consistent with current guidelines issued by the Centers for Disease Control and Prevention (CDC) for infection control in dental settings, and this procedure is followed before performing any dental procedure on a patient to determine whether the patient may present an ATD exposure risk.
3. Employees have been trained in the screening procedure in accordance with Section 3203.
4. Aerosol generating dental procedures are not performed on a patient identified through the screening procedure as presenting a possible ATD exposure risk unless a licensed physician determines that the patient does not currently have an ATD.

**(b) Definitions**.

**Accredited laboratory.** A laboratory that is licensed by the CDPH pursuant to Title 17 of the California Code of Regulations (CCR), or which has received a certification of competence based on participation in a quality assurance program administered by a governmental or private organization that tests and certifies laboratories.

**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.

**Aerosol transmissible pathogen -- laboratory (ATP-L).** A pathogen that meets one of the following criteria: (1) the pathogen appears on the list in Appendix D, (2) the Biosafety in Microbiological and Biomedical Laboratories (BMBL) recommends biosafety level 3 or above for the pathogen, (3) the biological safety officer recommends biosafety level 3 or above for the pathogen, or (4) the pathogen is a novel or unknown pathogen.

**Airborne infection isolation (AII).** 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 AII 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 AII, 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.

**Biological safety officer(s).** A person who is qualified by training and/or experience to evaluate hazards associated with laboratory procedures involving ATPs-L, who is knowledgeable about the facility biosafety plan, and who is authorized by the employer to establish and implement effective control measures for laboratory biological hazards.

**Biosafety level 3.** Compliance with the criteria for laboratory practices, safety equipment, and facility design and construction recommended by the CDC in Biosafety in Microbiological and Biomedical Laboratories for laboratories in which work is done with indigenous or exotic agents with a potential for aerosol transmission and which may cause serious or potentially lethal infection.

**Biosafety in Microbiological and Biomedical Laboratories (BMBL).** Biosafety in Microbiological and Biomedical Laboratories, Fifth Edition, CDC and National Institutes for Health, 2007, which is hereby incorporated by reference for the purpose of establishing biosafety requirements in laboratories.

**CDC.** United States Centers for Disease Control and Prevention.

**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.

**Chief.** The Chief of the Division of Occupational Safety and Health of the Department of Industrial Relations, or his or her designated representative.

**CTCA.** The California Tuberculosis Controllers Association.

**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.

**Drug treatment program.** A program that is (A) licensed pursuant to Chapter 7.5 (commencing with Section 11834.01), Part 2, Division 10.5 of the Health and Safety Code; or Chapter 1 (commencing with Section 11876), Part 3, Article 3, Division 10.5 of the Health and Safety Code; or (B) certified as a substance abuse clinic or satellite clinic pursuant to Section 51200, Title 22, CCR, and which has submitted claims for Medi-Cal reimbursement pursuant to Section 51490.1, Title 22, CCR, within the last two calendar years or (C) certified pursuant to Section 11831.5 of the Health and Safety Code.

**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.
**Epidemiology and Prevention of Vaccine-Preventable Diseases**. Epidemiology and Prevention of Vaccine-Preventable Diseases. Centers for Disease Control and Prevention, Atkinson W, Hamborsky J, McIntyre L, Wolfe S, eds. 10th ed. 2nd printing, including chapters from the 9th edition on Anthrax and Smallpox, Washington DC: Public Health Foundation, 2008, which is hereby incorporated by reference.
**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.
**Exposure incident (laboratory).** A significant exposure to an aerosol containing an ATP-L, without the benefit of applicable exposure control measures required by this section.
**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.
**Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis* in Health-Care Settings.** The Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis* in Health-Care Settings, December 2005, CDC, which is hereby incorporated by reference for the sole purpose of establishing requirements for airborne infection isolation.
**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.

**Laboratory.** A facility or operation in a facility where the manipulation of specimens or microorganisms is performed for the purpose of diagnosing disease or identifying disease agents, conducting research or experimentation on microorganisms, replicating microorganisms for distribution or related support activities for these processes.

**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.

**Medical specialty practice.** A medical practice other than primary care, general practice, or family medicine.

**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.

**NIOSH.** The Director of the National Institute for Occupational Safety and Health, CDC, or his or her designated representative.

**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 ATD 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 ATD, 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)** means 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.
(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 AII. 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.

**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*.

**UVGI.** Ultraviolet germicidal irradiation.

**(c) Referring Employers.** In facilities, services, or operations in which there is occupational exposure and which meet the criteria specified by (a)(3)(A), employers are only required to comply with the following provisions:

(1) The employer shall designate a person as the administrator who will be responsible for the establishment, implementation and maintenance of effective written infection control procedures to control the risk of transmission of aerosol transmissible diseases. The administrator shall have the authority to perform this function and shall be knowledgeable in infection control principles as they apply specifically to the facility, service or operation. The administrator shall also identify in writing the job categories in which employees have occupational exposure to ATDs. When the administrator is not on site, there shall be a designated person with full authority to act on his or her behalf. The infection control procedures shall include procedures for the cleaning and disinfection of work areas, vehicles, and equipment that may become contaminated with ATPs and pose an infection risk to employees. The written procedures shall be available at the worksite.

(2) The employer shall establish, implement, and maintain effective written source control procedures. For fixed health care and correctional facilities, and in other facilities, services, and operations to the extent reasonably practicable, these procedures shall incorporate the recommendations contained in the Respiratory Hygiene/Cough Etiquette in Health Care Settings. These procedures shall include the method of informing persons with whom employees will have contact of the employer's source control measures.

(3) The employer shall establish, implement, and maintain effective written procedures for the screening and referral of cases and suspected cases of AirIDs to appropriate facilities.

(A) Transfers shall occur within 5 hours of the identification of the case or suspected case, unless:

(1) the initial encounter with the case or suspected case occurs after 3:30 p.m. and prior to 7 a.m., in which event the employer shall ensure that transfer occurs no later than 11:00 a.m.; or

(2) the employer has contacted the local health officer, determined that there is no facility that can provide appropriate AII, and complied with all of the conditions in (e)(5)(B)2.; or

(3) the case meets the conditions of either of the exceptions to subsection (e)(5)(B).

(B) When screening is provided by persons who are not health care providers, the employer shall meet the requirements of this section by establishing criteria and procedures for referral of persons to a health care provider for further evaluation within the timeframes in subsection (c)(3)(A). Referrals shall be provided to persons who do any of the following:

1. Have a cough for more than three weeks that is not explained by non-infectious conditions.
2. Exhibit signs and symptoms of a flu-like illness during March through October, the months outside of the typical period for seasonal influenza, or exhibit these signs and symptoms for a period longer than two weeks at any time during the year. These signs and symptoms generally include combinations of the following: coughing and other respiratory symptoms, fever, sweating, chills, muscle aches, weakness and malaise.
3. State that they have a transmissible respiratory disease, excluding the common cold and seasonal influenza.
4. State that they have been exposed to an infectious ATD case, other than seasonal influenza.

NOTES to subsection (c)(3):

1. Seasonal influenza does not require referral.
2. Appendix F contains sample criteria for screening that may be adopted by employers in non-medical settings for the purpose of meeting the requirements of this subsection.

(4) The employer shall establish, implement, and maintain effective written procedures to communicate with employees, other employers, and the local health officer regarding the suspected or diagnosed infectious disease status of referred patients. These shall include procedures to receive information from the facility to which patients were referred and to provide necessary infection control information to employees who were exposed to the referred person.

(5) The employer shall establish, implement and maintain effective written procedures to reduce the risk of transmission of aerosol transmissible disease, to the extent feasible, during the period the person requiring referral is in the facility or is in contact with employees. In addition to source control measures, these procedures shall include, to the extent feasible:

(A) placement of the person requiring referral in a separate room or area;
(B) provision of separate ventilation or filtration in the room or area; and
(C) employee use of respiratory protection when entering the room or area in which the person requiring referral is located, if that person is not compliant with source control measures. Respirator use shall meet the requirements of subsection (g) and Section 5144, Respiratory Protection, of these orders.

EXCEPTION to subsection (c)(5)(C): Law enforcement or corrections personnel who transport a person requiring referral in a vehicle need not use respiratory protection if all of the following conditions are met:

i. A solid partition separates the passenger area from the area where employees are located;
ii. The employer implements written procedures that specify the conditions of operation, including the operation of windows and fans;
iii. The employer tests (e.g., by the use of smoke tubes) the airflow in a representative vehicle (of the same model, year of manufacture, and partition design) under the specified conditions of operation, and finds that there is no detectable airflow from the passenger compartment to the employee area;
iv. The employer records the results of the tests and maintains the results in accordance with subsection (j)(3)(F); and
v. The person performing the test is knowledgeable about the assessment of ventilation systems.

(6) The employer shall establish a system of medical services for employees which meets the following requirements:

(A) The employer shall make available to all health care workers with occupational exposure all vaccinations recommended by the CDPH as listed in Appendix E in accordance with subsection (h). These vaccinations shall be provided by a PLHCP at a reasonable time and place for the employee.
(B) The employer shall develop, implement, and maintain effective written procedures for exposure incidents in accordance with subsections (h)(6) through (h)(9).
(C) The employer shall establish, implement, and maintain an effective surveillance program for LTBI in accordance with subsections (h)(3) and (h)(4).
(D) The employer shall establish, implement, and maintain effective procedures for providing vaccinations against seasonal influenza to all employees with occupational exposure, in accordance with subsection (h)(10).

EXCEPTION to subsection (c)(6)(D): Seasonal influenza vaccine shall be provided during the period designated by the CDC for administration and need not be provided outside of those periods.

(7) Employers shall ensure that all employees with occupational exposure participate in a training program. Training shall be provided at the time of initial assignment to tasks where occupational exposure may take place and at least annually thereafter. Additional training shall be provided when there are changes in the workplace or when there are changes in procedures that could affect worker exposure to ATPs. The person conducting the training shall be knowledgeable in the subject matter covered by the training program as it relates to the workplace. Training material appropriate in content and vocabulary to

the educational level, literacy, and language of employees shall be used. This training shall include:

(A) A general explanation of ATDs including the signs and symptoms that require further medical evaluation;

(B) Screening methods and criteria for persons who require referral;

(C) The employer's source control measures and how these measures will be communicated to persons the employees contact;

(D) The employer's procedures for making referrals in accordance with subsection (c)(3);

(E) The employer's procedures for temporary risk reduction measures prior to transfer;

(F) Training in accordance with subsection (g) and Section 5144 of these orders, when respiratory protection is used;

(G) The employer's medical services procedures in accordance with subsection (h), the methods of reporting exposure incidents, and the employer's procedures for providing employees with post-exposure evaluation;

(H) Information on vaccines the employer will make available, including the seasonal influenza vaccine. For each vaccine, this information shall include the efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge;

(I) How employees can access the employer's written procedures and how employees can participate in reviewing the effectiveness of the employer's procedures in accordance with subsection (c)(8); and

(J) An opportunity for interactive questions and answers with a person who is knowledgeable in the subject matter as it relates to the workplace that the training addresses and who is also knowledgeable in the employer's infection control procedures. Training not given in person shall provide for interactive questions to be answered within 24 hours by a knowledgeable person.

(8) The employer shall ensure that the infection control procedures are reviewed at least annually by the administrator and by employees regarding the effectiveness of the program in their respective work areas, and that deficiencies found are corrected.

(9) The employer shall establish and maintain training records, vaccination records, records of exposure incidents, and records of inspection, testing, and maintenance of non-disposable engineering controls, in accordance with subsection (j). If the employer utilizes respirators, the employer shall maintain records of implementation of the Respiratory Protection Program in accordance with Section 5144, Respiratory Protection, of these orders.

**Appendix A – Aerosol Transmissible Diseases/Pathogens (Mandatory)**

This appendix contains a list of diseases and pathogens which are to be considered aerosol transmissible pathogens or diseases for the purpose of Section 5199. Employers are required to provide the protections required by Section 5199 according to whether the disease or pathogen requires airborne infection isolation or droplet precautions as indicated by the two lists below.

**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 (rubeola)/Measles virus
Monkeypox/Monkeypox virus
Novel or unknown pathogens
Severe acute respiratory syndrome (SARS)
Smallpox (variola)/Varioloa 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

## 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
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 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 C1 – Vaccination Declination Statement (Mandatory)

The employer shall ensure that employees who decline to accept a recommended vaccination offered by the employer sign and date the following statement as required by subsection (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 Signature Date

## Appendix C2 – Seasonal Influenza Vaccination Declination Statement (Mandatory)

The employer shall ensure that employees who decline to accept the seasonal influenza vaccination offered by the employer sign and date the following statement as required by subsection (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 Signature Date

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

| Vaccine | Schedule |
|---|---|
| Influenza | One dose annually |
| Measles | Two doses |
| Mumps | Two doses |
| Rubella | One dose |

| | |
|---|---|
| Tetanus, Diptheria, 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.*

**Appendix F: Sample Screening Criteria for Work Settings Where No Health Care Providers Are Available (non-mandatory)**

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

1. For screening a coughing client with potential TB – privately ask the person
    a. if he/she has had a cough for more than three weeks.
    b. if, in addition to cough, he/she has had one or more of the following clinical symptoms of TB disease:
        - Unexplained weight loss (>5lbs)
        - Night Sweats
        - Fever
        - Chronic Fatigue/Malaise
        - Coughing up blood

    A person who has had a cough for more than three weeks and who has one of the other symptoms in b. must be referred to a health care provider for further evaluation, unless that person is already under treatment. Consider referring a person with any of the above symptoms, if there is no alternative explanation.

2. In addition to TB, other vaccine preventable aerosol transmissible diseases, including pertussis, measles, mumps, rubella ("German measles") and chicken pox should be considered when non-medical personnel screen individuals in non-health care facilities. The following is a brief list of some findings that should prompt referral to a health care provider for further evaluation when identified through a screening process:

    - Severe coughing spasms, especially if persistent; coughing fits may interfere with eating, drinking and breathing

- Fever, headache, muscle aches, tiredness, poor appetite followed by painful, swollen salivary glands, one side or both sides of face under jaw
- Fever, chills, cough, runny nose, watery eyes associated with onset of an unexplained rash (diffuse rash or blister-type skin rash)
- Fever, headache, stiff neck, possibly mental status changes

3. Any client who exhibits any of the above described findings and reports contact with individuals known to have any of these transmissible illnesses in the past 2-4 weeks should be promptly evaluated by a health care provider.

4. Health officials may issue alerts for community outbreaks of other diseases. They will provide screening criteria, and people must be referred to medical providers as recommended by the health officer.