PROTOCOL 16.0:	Aerosol Transmissible Diseases Prevention Plan
	Required Standard

Client Name is committed to providing a safe and healthful work environment for its associates. In pursuit of this endeavor, the following Aerosol Transmissible Disease Prevention Plan (hereafter referred to as "ATD Plan") is provided to eliminate or minimize employee exposure to aerosol transmissible diseases (ATDs) when providing care to residents.

PROGRAM ADMINISTRATION & RESPONSIBILITIES

The Executive Director or appointed designee (ATD Plan Leader) is (are) responsible for the implementation of the ATD Plan. The ATD Plan Leader will maintain, review, and update the ATD Plan at least annually and whenever necessary to include new or modified tasks and procedures and/or engineering controls. Additional duties of the ATD Plan Leader include:

- Ensure that employee training is completed on an annual basis
- Document the annual employee training
- Ensure that the written ATD Plan is available to employees

ATD Plan Leader(s) Title,
name(s) &phone number(s): _____

Department Heads will maintain and provide all necessary personal protective equipment (PPE), monitor engineering controls (i.e, HEPA filters, UV-C lighting, etc.), as required by the standard. ATD Plan Leader will ensure that adequate supplies of the equipment are available in the appropriate sizes.

The Human Resources Representative will be responsible for ensuring that all medical actions required are performed and that employee health and OSHA training records are maintained.

HR Representative name &
phone number: _____

SCOPE AND APPLICATION

Plan Elements

- Exposure Analysis / Determination
- Specific control measures used when working with residents with possible ATDs,
- Source control measures to prevent the spread of ATDs and method to inform employees of these measures
- Procedures to identify, temporarily isolate, and refer or transfer airborne infectious disease cases or suspected cases to isolation rooms, areas, or other healthcare facilities.

- Procedures used to provide medical services, including recommended vaccinations and follow-up, including the procedures Client Name will use to document the lack of availability of a recommended vaccine, if applicable.
- Procedures for employees and supervisors to follow in the event of an exposure incident, including how Client Name will determine which employees had a significant exposure
- Procedures used to evaluate each exposure incident, to determine the cause, and to revise existing procedures to prevent future incidents.
- Procedures used to communicate with its employees and other employers regarding the suspected or confirmed infectious disease status of persons to whom employees are exposed in the course of their duties
- Procedures uses to communicate with other employers regarding exposure incidents, including procedures for providing or receiving notification to and from health care providers about the disease status of referred or transferred residents
- Procedures used to ensure that there is an adequate supply of personal protective equipment and other equipment necessary to minimize employee exposure to ATPs, in normal operations and in foreseeable emergencies
- The procedures used to provide initial and annual training
- The procedures used for recordkeeping
- An effective procedure for obtaining the active involvement of employees in reviewing and updating the exposure control plan with concerning the procedures performed in their respective work areas or departments

EXPOSURE ANALYSIS / DETERMINATION

This section provides information on the application of this plan through employee exposure determination. This is done through a listing job classifications and high hazard job tasks in which employee have occupational exposure to ATDs, which require the use of PPE and respiratory protection.

The following is a list of all job classifications at our community in which **all** employees have occupational exposure to ATDs during pandemic events that affect the community:

JOB TITLE	DEPARTMENT/LOCATION

The following is a list of high hazard job tasks and/or procedure performed in relation to Airborne Infectious Diseases at this community.

HIGH HAZARD JOB TASK / PROCEDURE	DEPARTMENT/LOCATION

AIRBORNE TRANSMISSIBLE DISEASE CONTROL MEASURES

Specific control measures used when working with residents with possible ATDs, include engineering controls, work practice controls, cleaning and decontamination procedures, personal protective equipment, and respiratory protection.

Engineering controls may include the establishment of airborne infection isolation rooms or areas (AIIRs), local exhaust ventilation, high-efficiency particulate air (HEPA) filtration, and ultraviolet germicidal irradiation (UVGI). Periodically, as new engineering controls become available, they will be reviewed and considered for application. They may be used separately or together, but in certain situations, one may be more protective than another.

If AIIRs rooms are used, they should be set up, under supervision/review of a Certified Industrial Hygienist (CIH). Both HEPA filtration and UVGI controls, if used in AIIR units, must be maintained according to manufacturer instructions and the CDC Guidelines, under direction of the supervising CIH.

Work practice controls are an integral part of the ATD plan, which consist of source control measures; isolation precautions; airborne, droplet, and contact precautions; and decontamination procedures.

Source control measures may include:

- Posting signs near entrances instructing residents to inform care staff if they have symptoms of respiratory infection;
- Providing surgical masks to people who are coughing and sneezing to prevent infectious material from escaping the mask,

- Posting information about respiratory hygiene/ cough etiquette, instructing people to cover their coughs and sneezes with a tissue and dispose of it after use;
- Making adequate handwashing facilities with soap or alcohol-based hand sanitizers available to residents and guests; and
- Placing symptomatic residents in an isolation room or area, preferably with a separate ventilation system. If an isolation rooms are not readily available, symptomatic residents should be placed in separate rooms away from other residents.

Isolation precautions require separation of residents who are identified as having an ATD that can be spread through airborne droplet exposure. CDC guidelines for isolation precautions (https://www.cdc.gov/infectioncontrol/guidelines/isolation/index.html) should be followed, based on the specific ATD.

Airborne precautions for residents with suspected airborne infectious diseases, such as COVID-19, TB, measles, and chickenpox, must be quickly identified, and contact with employees who are not wearing respiratory protection must be minimized until the resident is transferred or placed in an airborne infectious isolation room (AIIR). Anyone entering an AIIR to care for a resident must wear proper PPE, including an N95 or greater level particulate respirator.

Droplet precautions apply to pathogens that spread through close respiratory or mucous membrane contact with respiratory secretions (i.e., coughing or sneezing), such as seasonal influenza virus, B. pertussis (whooping cough), and N. meningitis (bacterial meningitis). Droplet precautions do not require special air handling and ventilation. However, the resident should be placed in a single-resident room, if possible, or with another resident who has the same infection. To prevent disease transmission, the resident should be separated from others by six feet. Employees entering the room to care for the resident must wear a mask or a respirator. If residents on droplet precautions must leave their room, they must wear a mask and observe respiratory hygiene/cough etiquette.

Contact precautions apply to pathogens, such as MRSA, VRE, C. difficile, and noroviruses, that transmit through physical contact with the resident or contaminated objects. Contact precautions may apply to ATDs, depending on the job task and proximity to the resident. Contact precautions include wearing gloves and using good hand hygiene.

Decontamination procedures are important to reduce and eliminate contact exposure to some viruses that remain viable on surfaces for extended periods of time. Therefore, housekeeping schedules/procedures must be followed to frequently decontaminate high touch and other surfaces in residents' rooms and common areas throughout the community. Housekeeping schedules must be strictly followed to ensure that surfaces are routinely disinfected to reduce the spread of ATD viruses. In addition, community vehicles, PPE, and other equipment must be periodically cleaned and decontaminated, using EPA registered disinfectants, which are labeled as effective against ATDs. Products appropriate for this purpose appear on lists E and M on the EPA webpage of registered disinfectants. Please also refer to the California Department of Public Health (CDPH) Environmental Cleaning webpage for guidance.

Personal Protective Equipment. When engineering and work practice controls are not enough to protect employees from exposure to ATDs, Client Name will provide PPE. Please refer to the PPE Protocol within this safety manual for more information. Personal protective equipment used for the care and treatment of residents with ATDs will be determined, based on a PPE exposure assessment, using CDC and OSHA guidelines for the specific ATD. PPE may include gloves, gowns, face shields, foot coverings, face coverings, and/or filtering face piece respirators or supplied air respirators. Surgical masks or respiratory protection may be required, based on the specific ATD, when an employee does the following:

- Enters an isolation room/area.
- Is present during treatment of a resident with an ATD.
- Repairs, replaces, or maintains air systems or equipment that may contain or generate aerosolized pathogens.
- Works in an area occupied by an ATD case or suspected case, during decontamination procedures after the person has left the area.
- Transports a known or suspected ATD infected resident within the community or in an enclosed vehicle (i.e. community vehicle) when the resident is not masked.

IDENTIFICATION, ISOLATION, AND TRANSFER OF RESIDENTS WITH ATDS

Prior to admission, new residents should be screened for ATDs by their personal healthcare practitioner. Current residents will be monitored for ATDs by following the community infection control policy, and protocols established by the CDC and other health authorities, during active pandemics. When infections are identified, residents will be temporarily isolated in their rooms to contain the spread of the disease. The health of these residents will be closely monitored in coordination with their treating physician and may be transferred to a hospital or other healthcare facility if warranted by their health condition.

VACCINATIONS FOR RESIDENTS AND EMPLOYEES

Vaccinations required by local, state, or federal health agencies shall be made available to all employees who have occupational exposure after the employee has received the required training and within ten working days of initial assignment unless any of the following applies:

- The employee has previously received the recommended vaccination(s) and is not due to receive another vaccination dose.
- A Physician or Licensed Healthcare Practitioner (PLHCP) has determined that the employee is immune by following applicable public health guidelines.
- The vaccine(s) is contraindicated for medical reasons.

Additional vaccine doses shall be made available to employees with occupational exposure within 120 days of the issuance of new applicable public health guidelines recommending the additional dose or upon availability, whichever is sooner. See CDC website for recommended vaccines for employees. (Click here).

If an employee initially declines a vaccination, the employee may contact the Human Resources Representative and request the vaccination at a later date. If the employee is still occupationally exposed, the vaccine shall be made available within ten working days from their request. If a vaccine is unavailable, the Human Resources Representative shall document its efforts to obtain the vaccine in a timely manner and communicate with employees regarding when the vaccine is likely to become available.

The Human Resources Representative shall also check for the vaccine's availability at least every 60 calendar days and inform employees when it becomes available. The seasonal influenza vaccine shall be made available to all employees with occupational exposure. The vaccine will not be provided outside of the period designated by the CDC for administration. Each employee with occupational exposure who declines to accept the seasonal influenza vaccine shall sign the Seasonal Influenza Vaccination Declination Statement form (**see clinical policy containing this form**).

Upon admission, all residents are evaluated for communicable diseases, with a review of their immunization records. See clinical policies for further information regarding resident admissions. All list of recommended immunizations for adults can be found on the CDC website (Click here).

POST EXPOSURE PROTOCOLS

The post-exposure medical evaluation shall be provided as soon as feasible to all employees who had a significant exposure (i.e,. droplet exposure of sneeze or cough). The evaluation shall be conducted by a PLCHP knowledgeable about the specific disease, including appropriate vaccination, prophylaxis, and treatment.

ATD EXPOSURE INCIDENT INVESTIGATION

An analysis of exposure incidents shall be conducted by the Infection Preventionist, or designee no later than 72 hours after receiving notification of the exposure incident and record the following:

- Names and other appropriate identifiers of persons included in the analysis.
- The basis for any determination that an employee need not be included in post-exposure follow-up because the employee did not have a significant exposure or because a PLHCP determined that the employee is immune to the infection in accordance with applicable public health guidelines.
- The name of the person making the determination.
- The identity of any PLHCP or local health officer consulted in making the determination

COMMUNICATION PROTOCOLS

Information pertaining to an ATD exposure incident will be communicated to the exposed employee in a confidential manner within a time frame that is reasonable for the specific disease, but no later than 72 hours of becoming aware of the exposure incident of the nature, date, and time of the exposure, and shall provide the contact information for the diagnosing PLHCP. To the extent that information is available in Client Name's records, Client Name shall also determine whether employees of third-party vendors, caregivers, or other employers may have been exposed. Client name shall confidentially communicate exposures, per local, state, and federal guidelines. The identity of the source patient shall not be provided to other employers, if known.

PPE SUPPLY FOR NORMAL AND EMERGENCY OPERATIONS

Personal protective equipment used for the care and treatment of residents with ATDs will be determined, based on a PPE exposure assessment, using CDC and OSHA guidelines for the specific ATD. PPE may include gloves, gowns, face shields, foot coverings, face coverings, and/or filtering face piece respirators or supplied air respirators.

Supplies needed for outbreaks of ATDs shall be determined by the ATD plan leader, infection preventionist, or designee. PPE burn rate calculations can be determined using the burn rate calculator tool available on the CDC website (Click here for CDC burn rate calculator page).

Conventional use of PPE will be implemented when supplies are readily available. Whenever PPE supply shortages exist, due to pandemic or other emergency scenarios, contingency and crisis capacity strategies, recommended by the CDC and OSHA may be implemented.

TRAINING

Training on the ATD prevention plan shall be provided to all employees with occupational exposure as follows:

- At the time of initial assignment to tasks where occupational exposure may take place.
- At least annually thereafter, not to exceed 12 months from the previous training.
- Additional training may be needed when changes to the plan are introduced, such as new engineering or work practice controls, modification of tasks or procedures or institution of new tasks or procedures, affect the employee's occupational exposure or control measures.

Training shall include the following elements:

- An accessible copy of Cal OSHA ATD standard and an explanation of its contents,
- A general explanation of ATDs including the signs and symptoms of ATDs that require further medical evaluation,
- An explanation of the modes of transmission and applicable source control,
- An explanation of this plan,
- How employees can obtain a copy of the plan,
- How employees can provide input as to its effectiveness,

- An explanation of the appropriate methods for recognizing tasks and other activities that may expose the employee to ATDs,
- An explanation of the use and limitations of methods that will prevent or reduce exposure to ATDs, including appropriate engineering and work practice controls, decontamination and disinfection procedures, and personal and respiratory protective equipment,
- An explanation of the basis for selection of personal protective equipment, its uses and limitations, and the types, proper use, location, removal, handling, cleaning, decontamination and disposal of the items of personal protective equipment employees will use,
- A description of Client Name's TB surveillance procedures, including the information that persons who are immune-compromised may have a false negative test for latent TB infection,
- Information on the vaccines made available by the employer, including information on their efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge,
- An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident, the medical follow-up that will be made available, and postexposure evaluation,
- Training meeting the requirements of the Client Name's Respiratory Protection program for employees whose assignment includes the use of a respirator,
- The training program shall include an opportunity for interactive questions and answers with a person who is knowledgeable in the subject matter of the training

RECORDKEEPING

Training records will be kept in individual employee's training files. All medical records related to exposure incidents will be maintained by following OSHA and HIPAA regulations. All employee exposure incidents will be recorded on OSHA recordkeeping forms when the case is determined to be recordable.

PLAN REVIEW & UPDATE

The plan will be reviewed and updated periodically. Updates are based on new information from the local, state, and federal agencies, such as the departments of public health, CDC, and OSHA. Employee feedback and suggestions on how this plan may be improved will be solicited during employee training, through safety committee initiatives, and the general employee suggestion/feedback program.

Date of Last Review: _____

Approved by (ATD Plan Leader): _____