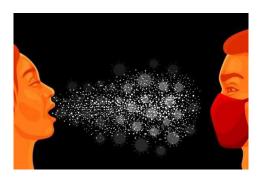
AEROSOL TRANSMISSION DISEASE (ATD) PROGRAM

Infection Preventionist Guide in Managing Facility ATD Program



Created by CAHF GR Quality Improvement Subcommittee

AEROSOL TRANSMISSION DISEASE (ATD) PROGRAM

Ensuring Employee Safety

California Code of Regulations, Title 8, section 5 199, the Aerosol Transmissible Diseases (ATD) standard requires all California employers to protect their employees from occupational exposure to any infectious disease that is spread through droplet particles in the environment. Employers are required to establish and implement written procedures that will aim at protecting their employees.

California Occupational Safety and Health Administration (Cal/OSHA) is responsible for the protection of public health and safety of employees on the job in California workplaces. Cal/OSHA oversees regulations such as the ATD Program that aims at keeping employees safe from dangers before accidents and illness occur. Other standards related to Infection Prevention and Control Program include:

- Respiratory Protection Program, CA Title 8 CCR Section 5144
- Personal Protective Equipment, CA Title 8 CCR Section 3380
- Injury & Illness Prevention Program, CA Title 8 Section 3203
- OSHA Logs, Recording, CA Title 8 Section 14300
- CDPH, CDC & Cal-OSHA interim Directives

The ATD standard has specific elements for covered entities and situations. COVID-19 is an included pathogen under "novel" pathogen. In providing care for COVID-19, many SNFs will transition from "Referring Employers" to "Treating Employers" as care is provided for residents with COVID-19 infections. Whenever possible, employers should comply with normal and regular standards.

This Guide to Managing Facility ATD Program, will help the Infection Preventionist to implement, train and communicate the facility's ATD Program to employees at all levels who are at risk of occupational exposure to infectious diseases.

- Elements of ATD Program
- ATD Training Requirements
- ATD Recordkeeping
- Resource List

ELEMENTS OF ATD PROGRAM

- 1. **ATD Program Administrator** This individual is responsible for the program and all elements, ATD Exposure Control/Written Protocols. The ATD Program Administrator could be the Infection Preventionist in a Skilled Nursing Facility.
- 2. Written Exposure Control/Written Program The Administrator is responsible for administrative, engineering and work practice controls. This person will review, maintain, and update these control protocols at least once a year or as controls are updated and changed. The written program should document current practices.
- 3. **Infection Control-Exposure Determination** Infection Control Surveillance, infection tracking, testing & screening practices are all components of determining active infections. The plan should document each exposed unit, department and position within the department.
- 4. **Engineering Practices** Cohorting suspected or infected individuals (red and yellow zones), ventilation, negative pressure rooms, and temporary barriers.
- 5. **Work Practices** Cleaning and Disinfecting, Personal Protective Equipment (PPE), and Respiratory Protection Program. The following link will provide additional information on cleaning & disinfecting practices https://www.epa.gov/pesticide-registration/list-n-disinfectants-coronavirus-covid-19
- 6. **Administrative Controls** Absence/Sick Leave Policies, consistent assignment, no comingling of staff.
- 7. **Personal Protective Equipment** (PPE) Determine PPE needs based on infections, directives from CDPH, CDC and type of precautions. In the event of a shortage, research acceptable and allowed alternatives. In making the determination, use the more protective equipment unless explicitly directed or allowed.
- 8. **Respiratory Protection Program** Use CAHF's Respiratory Protection Program including the Medical Screening form. Research and review type of respirator to be used. If the prescribed respirator is not available, use a higher level of protection. Respirators should be used and fit tested following the manufacturer's directions.
- 9. **Communication** Document how information will be shared with employees, including infected or suspected COVID infections, PPE inventory, infection prevention & control practices, and new facility processes.
- 10. Training Written training plans and documentation of training.
- 11. **Medical Follow-up** Written procedures on how employees with positive tests results and/or symptoms will be managed.
- 12. **Recordkeeping** Document the facility ATD program, practices, employee training. Maintain current OSHA logs and Vaccine tracking logs.

ATD Training Requirements

The (Infection Preventionist/Director of Staff Development) (<i>Facility Specific</i>) of
(Facility Name) is the person responsible for training of
facility employees and will ensure that all training as required by California OSHA's Aerosol
Transmissible Diseases Standard 5199 is provided and that records are maintained for a period of
three years.
(Facility Name) ensures that all employees with occupational
exposure participate in a training program.

1 . Provision of Training

Aerosol Transmissible Diseases Standard (ATD) Training will occur:

- A. At the time of initial assignment to tasks where occupational exposure may take place.
- B. At least annually thereafter, not to exceed 12 months from the previous training.
- C. When changes, such as introduction of 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. The additional training may be limited to addressing the new exposures or control measures.

2 . Training Elements for Treating Facilities

The training program shall contain at a minimum the following 13 elements:

- A. An accessible copy of the regulatory text of this Standard and an explanation of its contents. (Copy of ATD standard)
- **B.** A general explanation of ATDs including the signs and symptoms of ATDs that require further medical evaluation. (Employee training on symptoms)
- C. An explanation of the modes of transmission of Aerosol Transmitted Pathogens (ATPs) or Aerosol Transmitted Pathogens Laboratory (ATPs-L) and applicable source control procedures.
- **D.** An explanation of the employer's ATD Exposure Control Plan, and the means by which the employee can obtain a copy of the written plan and how they can provide input as to its effectiveness. (Copy of this plan and IIPP provisions for communication.)
- E. An explanation of the appropriate methods for recognizing tasks and other activities that may expose the employee to ATPs or ATPs-L.

- F. An explanation of the use and limitations of methods that will prevent or reduce exposure to ATPs or ATPs-L including appropriate engineering and work practice controls, decontamination and disinfection procedures, and Personal and Respiratory Protective Equipment.
- G. 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 PPE employees will use.
- H. A description of the employer's TB, novel disease or COVID surveillance procedures, including the information that persons who are immune compromised may have a false negative test for LTBI.
- I. Training meeting the requirements of California OSHA's Respiratory Protection Standard 5144 for employees whose assignment includes the use of a respirator.
- J. Information on the vaccines are 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.
- **K.** 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 post-exposure evaluation. (Similar to Bloodborne Pathogens)
- L. Information on the employer's surge plan as it pertains to the duties that employees will perform. As applicable, this training shall cover the plan for surge receiving and treatment of patients, patient isolation procedures, surge procedures for handling of specimens (including specimens from persons who may have been contaminated as the result of a release of a biological agent), how to access supplies needed for the response including PPE and respirators, decontamination facilities and procedures, and how to coordinate with emergency response personnel from other agencies.
- M. An opportunity for interactive questions and answers with the person conducting the training session. (Training should have an interactive element.)

3 . Training Elements for Referring Facilities

The training program shall contain at a minimum the following 10 elements:

- 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 are in contact with.

- D. The employer's procedures for making referrals.
- E. The employer's procedures for temporary risk reduction measures prior to transfer.
- F. Respiratory Protection training when Respiratory Protection is used.
- G. The employer's ATD medical services procedures, 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.
- J. An opportunity for interactive questions and answers with a person who is knowledgeable in the subject matter as it relates to what the workplace training addresses and who is also knowledgeable in the employer's infection control procedures.

4 . Trainer Qualifications

The person conducting the training shall be knowledgeable in the subject matter covered by the training program as it relates to what the workplace training will address.

5 . Training Material

Training material appropriate in content and vocabulary to the educational level and literacy of the employee.

ATD Recordkeeping

Recordkeeping includes OSHA logs and electronic reporting of any employee illness that are work related.
is the person charged with ATD Recordkeeping for this facility.
1 . Medical Records
A(Facility Name) maintains accurate medical record for each employee with occupational exposure, in accordance with California OSHA's Section 3204, Access to Employee Exposure and Medical Records.
NOTE: This record may be combined with the medical record required by Section 5193, Bloodborne Pathogens, but may not be combined with non-medical personnel records.
 B. This record shall include: The employee's name and any other employee identifier used in the workplace. The employee's vaccination status for all vaccines required by this Standard. Including the information provided by the PLHCP in accordance with the Standard, any vaccine record provided by the employee, and any signed declination forms. (Exception: As to seasonal influenza vaccine, the medical record need only contain a declination form for the most recent seasonal influenza vaccine) A copy of all written opinions provided by a PLHCP in accordance with the Standard, and the results of TB assessments; and A copy of the information regarding an exposure incident that was provided to the PLHCP as required by the Standard
C. Confidentiality. (Facility Name) shall ensure that all employee medical records required by this section are: 1. Kept confidential; and 2. Not disclosed or reported without the employee's express written consent to any person within or outside the workplace except as permitted by this section or as may be required by law. NOTE: These provisions do not apply to records that do not contain individually identifiable medical information, or from which individually identifiable medical information has been removed.

D. This facility shall maintain the medical records required by this section for at least the duration of employment plus 30 years in accordance with California OSHA's Section 3204, Access to Employee Exposure and Medical Records.

2 . Training Records

- A. Training records shall include the following information:
 - 1. The date(s) of the training session(s);
 - 2. The contents or a summary of the training session(s);
 - 3. The names and qualifications of persons conducting the training; and
 - 4. The names and job titles of all persons attending the training sessions.
- B. Training records shall be maintained for 3 years from the date on which the training occurred.

3 .ATD ECP/Written Protocols

Records of implementation of the ATD Exposure Control Plan (ECP) /Written Protocols

- A. Records of annual review of the ATD ECP/Written Protocols shall include the name(s) of the person conducting the review, the dates the review was conducted and completed, the name(s) and work area(s) of employees involved, and a summary of the conclusions. The record shall be retained for three years.
- B. Records of the unavailability of vaccine shall include the name of the person who determined that the vaccine was not available, the name and affiliation of the person providing the vaccine availability information, and the date of the contact. This record shall be retained for three years.
- C. Records of the unavailability of airborne infection isolation rooms (AIIR) or areas shall include the name of the person who determined that an airborne infection isolation room or area was not available. These records should also include the names and the affiliation of persons contacted for transfer possibilities, the date of the contact, the name and contact information for the local health officer who is providing assistance, and the times and dates of these contacts. This record shall be retained for three years.
- **D.** Records of decisions not to transfer a patient to another facility for airborne infection isolation for medical reasons shall be documented in the patient's chart and a summary shall be provided to the Plan Administrator. Providing only the name of the physician determining that the patient was not able to be transferred, the date and time of the initial decision, and the date, time and identity of the person(s) who performed each daily review. This record shall be retained for three years. **Exception-CDPH may direct facilities without AIIR abilities to care for patients in a public health emergency.**
- E. Records of inspection, testing and maintenance of non-disposable engineering controls including ventilation and other air handling systems, air filtration systems, containment equipment, biological safety cabinets, and waste treatment systems shall be maintained for a minimum of five years and shall include the name(s) and affiliation(s) of the person(s) performing the test, inspection or maintenance, the date, and any significant

findings and actions that were taken. Exception-CDPH may direct facilities without AIIR abilities to care for patients in a public health emergency

F. Records of the Respiratory Protection Program shall be established and maintained in accordance with Section 5144, Respiratory Protection.

4 . Availability

- A. The employer shall ensure that all records, other than the employee medical records that specifically dealt with in the ATD Standard, required to be maintained, shall be made available upon request to the Chief of California OSHA and NIOSH for examination and copying.
- B. Employee training records required by this subsection shall be provided upon request to employees, employee representatives, the Chief of California OSHA and NIOSH for examination and copying.
- C. Employee medical records required by this subsection shall be provided upon request to the subject employee, anyone having the written consent of the subject employee, the Chief of California OSHA and NIOSH in accordance with California OSHA's Section 3204, Access to Employee Exposure and Medical Records, for examination and copying.

5 . Transfer of Records

- A. This facility shall comply with the requirements involving the transfer of employee medical and exposure records that are set forth in California OSHA's Section 3204, Access to Employee Exposure and Medical Records.
- B. If this employer ceases to do business and there is no successor employer to receive and retain the records for the prescribed period, the employer shall notify DOSH and NIOSH, at least three months prior to the disposal of the records and shall transmit them to NIOSH, if required by NIOSH to do so, within that three-month period.

ATD Resource List

The California Workplace Guide to Aerosol Transmissible Diseases

California Workplace Guide to Aerosol Transmissible Diseases

Cal/OSHA Exposure Control Plan for Bloodborne Pathogens

Exposure Control Plan for Bloodborne Pathogens (ca.gov)

Cal/OSHA COVID-19 Prevention Program

https://www.dir.ca.gov/dosh/dosh_publications/CPP.doc

CAHF Pandemic Influenza Workbook for LTCs

http://www.cahf.org/Portals/29/DisasterPreparedness/pandemic/Pandemic Workbook 2010.pdf

CAHF Model Respiratory Protection Program

https://www.cahfdisasterprep.com/pandemic