

## **Stanford University Local Aerosol Transmissible Diseases Program: Department of Public Safety**

This Local Aerosol Transmissible Disease (ATD) Plan is specific to the group indicated below and is supplemental to the institutional requirements outlined in the Stanford University Institutional Aerosol Transmissible Disease Plan

<b>Supervisor:</b>
<b>Phone:</b>
<b>Email:</b>
<b>Department:</b>

### **Overview**

This document introduces the Supervisor to the purpose and use of the Stanford University Local Aerosol Transmissible Disease Plan - Department of Public Safety (Local ATD - DPS). Included are guidance and instructions on how to complete the Local ATD - DPS, including forms required to be completed.

To complete the Local ATD-DSP:

1. Supervisor to complete and review the Local ATD with covered employees, including Appendixes A - E
2. Complete Appendix F (Training Documentation)

Keep the completed Local ATD - DPS, along with updates and training records, in a location available for reference by personnel and regulators.

**Stanford University Local Aerosol Transmissible Disease Plan - Depart of Public Safety**

**i. Purpose, Regulatory Driver and Scope**

The California Occupational Safety and Health Administration (Cal-OSHA) Aerosol Transmissible Disease (ATD) standard ([Title 8, Section 5199](#)), this Aerosol Transmissible Diseases Program (hereafter referred to as “ATD Program”) has been developed to minimize personnel exposure to aerosol transmissible diseases (ATDs) in research, healthcare, as well as other settings at Stanford University. **Supervisors should refer to the [Stanford University Institutional Aerosol Transmissible Diseases Plan](#) as a resource for exposure control background, issues and regulatory procedures.**

**Stanford University Local Bloodborne Transmissible Disease Plan - Department of Public Safety:**

The Stanford University Local Aerosol Transmissible Disease Plan - Department of Public Safety (Local ATD - DPS) supplements the [Stanford University Institutional Aerosol Transmissible Diseases Plan](#) for the DPS. The Local ATD-DPS addresses how to eliminate or minimize exposure to materials containing pathogens that may be spread through aerosols and which can cause serious disease. The Local ATD-DPS addresses health and safety issues specific to the jobs and procedures being used by personnel and constitutes a Tier III training for these topics.

**Each supervisor will complete an ATD Plan based on the nature of the work being carried out in their work place. Once completed, the plan will remain on file in a central location within the work place and shall be reviewed and updated annually or before as needed.**

Workers in law enforcement are at an increased risk of contracting aerosol transmissible diseases (ATDs). Correction facilities that refer inmates immediately to a health care facility are defined as **referring** employers under the ATD standard and need to comply with the limited program described in subsection (c) for referring employers.

The ATD Standard requires the use of feasible engineering and work practice controls to limit exposure to aerosols, and, when necessary, the provision of personal protective equipment and respirators. The Local ATD - DPS constitutes a written Biosafety Plan (BSP), which shall be implemented and reviewed annually.

**ATD Exposure Control Plan (Plan):** review the following sections.

- 1. Identify Infection Control person(s)/Administrator responsible for implementing infection control procedures.

Biosafety Manager  
Environmental Health & Safety  
480 Oak Road.  
Stanford, CA  
650.723.0448

A. Job categories with occupational exposure to ATDs (i.e. Deputy, Sergeant, Lieutenant):

\_\_\_\_\_  
\_\_\_\_\_

B. Designated alternate administrator(s) for infection control:

\_\_\_\_\_

### C. Infection Control Procedures

1. Cleaning and disinfection of work areas, vehicles and equipment that may be contaminated with ATPs: see Appendix A (3).
2. Source Control procedures: implement written control procedures for use in fixed establishments and for use in field operations, when feasible.
  - A. Masks or tissues and hand hygiene materials will be provided to people who are coughing.
  - B. Employee use of respiratory protection when entering the room or area in which the person requiring referral is located, if that person is not compliance with source control measures. Respirator use shall meet the requirements of subsection (g) and [California Code of Regulations, Title 8, Section 5144. Respiratory Protective Equipment](#) of these orders.
3. Identify and transport: Upon identification or people who are suspected or confirmed of having airborne infectious diseases (AirID), said people will be transferred to a facility that can provide appropriate diagnosis, treatment and isolation. Examples of such diseases are SARS, measles, chicken pox, and smallpox. Information shall be available to allow identification of persons based on readily observable signs or symptoms (Appendix B).
  - 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 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 (seasonal influenza does not require referral).
  - B. Transportation/Infection control protocols:

Upon identification of person not in custody with suspected AirID, the Department of Public Safety will call the Palo Alto Fire Department or American Medical Response for transport of individual via ambulance to Stanford Hospital.

In the case of a person in custody with a suspected AirID, surgical masks, gloves and hand sanitizer will be provided for the deputy and disinfectant wipes for the vehicle. If the vehicle is soiled with bodily fluids the Crime Scene Cleaner will be contacted.
4. Temporary control measures: temporary control measures shall be established to protect employees during the period of time the person requiring referral is awaiting transfer to another facility. This can include placing the person in a separate room or area, preferably with separate ventilation or filtration, and using respiratory protection if the patient is not masked and other control measures are not in place.
5. Communication procedures: communications procedures shall be established to inform employees and other employers whose employees will have contact with the patient, of the patients suspected or confirmed infectious disease status. This applies to people who transport the patient, as well as to the hospital or other correctional facilities that will receive the patient. The employer must also establish effective procedures to receive information from health care providers if the provider determines that a referred patient has a reportable ATD.

#### Communication plan:

- A. Person in custody informs deputy of ATD or deputy notices an ATD.
- B. Upon arrival at the main jail (County) the Dept. of Corrections RN obtains information from person in custody concerning any ATD; alternatively, the Deputy will advise Dept. of Corrections upon intake at the main jail.
- C. If the Dept. of Corrections RN does not accept the person in custody, they will request the Stanford University Deputy to take the person to the Valley Medical Center for evaluation and treatment.

6. Vaccinations: vaccinations, including the seasonal flu vaccine, shall be offered as recommended by the CDC or the California Department of Public Health (Appendix C). See Appendix D and E for Vaccine Declination Statements.

Occupational Medical Care is provided by:

Stanford University Occupational Health Center  
Environmental Safety Facility (ESF)  
480 Oak Road, Room B15  
Stanford, CA 94305-8007

Phone: (650) 725-5308  
Fax: (650) 725-9218

7. Testing and follow-up for potential exposure: employees covered by this standard shall be provided with annual testing for latent tuberculosis infection, and follow-up for employees who have been exposed at work to a confirmed case of a reportable ATD. Included is continuation of pay for a period during which an employee is not sick but a physician or other licensed health care professional recommends removal from the workplace because the employee may be contagious (unless alternate work is available).

Stanford University Liaison with Health Department:      Medical Director  
Stanford University Occupational Health Center

8. Training: training will be provided at or prior to an employee's initial assignment to a job covered by this regulation, 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 ATDs. 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 (Appendix A);
- B. Screening methods and criteria for persons who require referral (Appendix B);
- 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 temporary risk reduction measures prior to transfer;
- E. Training when respiratory protection is used;
- F. The employer's medical services procedures, the methods of reporting exposure incidents, and the employer's procedures for providing employees with post-exposure evaluation;
- G. Information on vaccines the employer will make available, including the seasonal influenza vaccine; see Appendix C. 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;
- H. How employees can access the employer's written procedures and how employees can participate in reviewing the effectiveness of the employer's procedures ([Stanford University Institutional Aerosol Transmissible Diseases Plan](#));
- I. Ability to contact Biosafety Manager for interactive questions and responses within 24 hours: call 650.725.1473.
- J. Use Appendix F for recording reviews and trainings; these shall be 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.
- K. 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.

9. Review: annual review of the infection control procedures with employees will be done, with correction of any problems that are found (Appendix F).

10. Records: training records shall be kept for 3 years.

## Appendix A: Training

### 1. What are Aerosol Transmissible Diseases?

Airborne diseases are infectious diseases that are spread through the air in:

- Large respiratory droplets (droplet transmission)
- Aerosolized airborne droplet nuclei (airborne transmission)

Large droplets and aerosolized droplet nuclei are both generated by coughing, sneezing, and talking. Large respiratory droplets generally travel only a short distance (less than 2 m) through the air, and then settle out of the air quickly. Aerosolized airborne droplet nuclei are extremely light, and therefore can remain suspended in the air and travel considerable distances via air currents.

A person becomes infected by breathing in air contaminated with the virus or bacteria. It is unlikely but not impossible to become infected from even a brief exposure to contaminated air. The chances of infection increase the longer one is near an infected person.

Diseases that can spread through the air and present a risk to workers include tuberculosis, measles, chicken pox, mumps, and influenza. The following sections describe how these airborne diseases are transmitted, the course of disease (symptoms), who is at risk, and how to prevent exposure.

### 2. Aerosol Transmissible Diseases/Pathogens

**Airborne Infection Isolation** (Airborne infection isolation includes implementation of droplet precautions)

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)/SARS-associated coronavirus (SARS-CoV)

Smallpox (variola)/Variola virus (see vaccinia for management of vaccinated persons)

Tuberculosis (TB)/*Mycobacterium tuberculosis* -- Extrapulmonary, draining lesion; Pulmonary or laryngeal disease, confirmed; Pulmonary or laryngeal disease, suspected

Any other disease for which the CDC or CDHS recommends airborne infection isolation

#### **Droplet Precautions**

Diphtheria/*Corynebacterium diphtheriae* – pharyngeal

Epiglottitis, due to *Haemophilus influenzae* type b

Group A Streptococcal (GAS) disease (strep throat, necrotizing fasciitis, impetigo)/Group A streptococcus

*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/*Neisseria meningitidis*: sepsis, pneumonia (see also meningitis)

Mumps (infectious parotitis)/Mumps virus

Mycoplasmal pneumonia/*Mycoplasma pneumoniae*

Parvovirus B19 infection (erythema infectiosum, fifth disease)/Parvovirus B19

Pertussis (whooping cough)/*Bordetella pertussis*

Pharyngitis in infants and young children/Adenovirus, Orthomyxoviridae, Epstein-Barr virus, Herpes simplex virus, Pneumonia

Adenovirus

*Chlamydia pneumoniae*

*Mycoplasma pneumoniae*

*Neisseria meningitidis*

*Streptococcus pneumoniae*

Pneumonic plague/*Yersinia pestis*

Rubella virus infection (German measles) (also see congenital rubella)/Rubella virus

Scarlet fever in infants and young children/Group A streptococcus,

Serious invasive disease

Viral hemorrhagic fevers due to Lassa, Ebola, Marburg, Crimean-Congo fever viruses, and Hantaviruses

Any other disease for which the CDC or CDHS recommends droplet precautions

### **3. Infection Control Procedures**

#### **A. Cleaning of Areas not used as Alternative Healthcare Settings**

- Hand hygiene is the most important method to prevent the transmission of the influenza virus.
- Normal facility cleaning procedures for environmental surfaces should be followed using standard cleaning products. During a local outbreak, surfaces that are frequently touched with hands such as sinks, doorknobs, railings and counters may be added to cleaning schedule in place of floor care.
- Individual employees and students may want to consider regular cleaning of their phones and keyboards particularly if they are shared with others or used by the public.
- There is no evidence to support the efficacy of widespread disinfection of the environment or air. Widespread application or spraying of disinfectants is an unsafe practice and must be avoided.
- Gloves should be worn when handling waste or waste containers.

#### **B. Cleaning of Transportation Vehicles**

##### Vehicles Used for Medical Transport

- Follow normal cleaning procedures. Pay special attention to visibly soiled surfaces.
- During a local outbreak, clean surfaces that are frequently touched with the hands using an EPA-registered hospital grade disinfectant with label claims as a TB disinfectant.
- Clean and disinfect spills of blood and body fluids in accordance with [Universal Precautions](#) and the Bloodborne Pathogens Standard.
- Allow time for the vehicle to air out following disinfection

##### Vehicles Not Used for Medical Transport

- Follow normal cleaning products and procedures for vehicles.

#### **C. Use of Disinfectants**

- If a disinfectant is used, it should be an EPA-registered product with label claims as a TB disinfectant. The EPA list is available at [http://www.epa.gov/oppad001/list\\_e\\_mycobact\\_hiv\\_hepatitis.pdf](http://www.epa.gov/oppad001/list_e_mycobact_hiv_hepatitis.pdf)
- Routine use of bleach should be avoided as it is corrosive to metals, damaging to environmental surfaces, is inactivated by organic matter, has no detergent (cleaning) benefit and is toxic. Bleach can be used on an occasional basis at a 10% concentration (9 parts water to 1 part bleach).
- Personal protective equipment should be worn when applying cleaning products. This includes gloves as well as goggles if splashing or spraying is possible.
- EH&S should be consulted before applying disinfectants in large quantities or in enclosed areas.

## **Appendix B: Sample Screening Criteria for Work Settings Where No Health Care Providers Are Available**

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 personnel privacy will be maintained during screening procedures.

1. For screening a coughing person 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. should be referred to a health care provider for further evaluation, unless that person is already under treatment.

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 person 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.

**Appendix C**

**AEROSOL TRANSMISSIBLE DISEASE VACCINATION RECOMMENDATIONS**

<b><u>Vaccine</u></b>	<b><u>Schedule</u></b>
Influenza	One dose annually
Measles	Two doses
Mumps	Two doses
Rubella	One dose
Tetanus, Diphtheria and Acellular Pertussis (TDAP)	One dose and recommended booster
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 D**

**VACCINE DECLINATION STATEMENT**

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 \_\_\_\_\_ (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 the 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.

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Employee Signature

Date

Fax the completed form to: Stanford University Occupational Health Center  
650-725-9218 (fax)

For Medical Questions call: 650-725-5308 (SUOHC phone)

**Appendix E**

**SEASONAL INFLUENZA VACCINATION DECLINATION STATEMENT**

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 in the ATD Stanford:

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 the infection at no charge to me. However, I decline this vaccination at this time. I understand that by declining the vaccine, I continue to be at 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.

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Employee Signature

Date

Fax the completed form to: Stanford University Occupational Health Center  
650-725-9218 (fax)

For Medical Questions call: 650-725-5308 (SUOHC phone)

**Training Provided:** Identify the specific trainings completed/provided by the Supervisor to the individual(s) listed below.

- Job specific as related to Aerosol Transmissible Diseases (Tier III) by Supervisor (Local ATD Plan: Department of Public Safety)
- Explanation of ATDs (Appendix A)
- Infection Control Procedures
- Screening methods for persons requiring transfer, transfer procedures (Appendix B)
- Vaccine availability (Appendix C)
- Vaccine Declarations (Appendix D, E)
- If required, respiratory protection training

**By signing below, you indicate that you have:**

- **Reviewed/updated the completed the Local ATD - DPS with your Supervisor and understand the potential ATD hazards associated with your work.**

Supervisor signature \_\_\_\_\_ Date \_\_\_\_\_

Signatures of personnel involved in training/review (add additional page if necessary)


Keep training records for 3 years