

Courtesy of Ann Lindsay, MD, Health Officer, Humboldt County Health and Human Services Public Health

The Cal/OSHA Aerosol Transmitted Disease (ATD) standard requires that **health care workers (HCWs)** are offered vaccinations listed in Appendix E (and below); HCWs can decline vaccination. The ATD standard even supplies a declination form (Appendix C1 and below). A healthcare facility can make these vaccinations a condition of employment, but this requirement would be a facility policy not an ATD requirement. These are standard operating procedures.

In the event of an exposure the State and Local health departments make recommendations to prevent disease transmission. These are based on various resources including the Red Book, the Pink Book, and the 2007 HICPAC guidelines to prevent disease transmission in healthcare settings (<http://www.cdc.gov/hicpac/pdf/isolation/Isolation2007.pdf>). The Local Health Officer has the authority to quarantine or isolate individuals to prevent disease transmission: <http://www.cdph.ca.gov/programs/dcdc/Documents/Health-Officer-Practice-Guide-DCDC.pdf>.

As a result, employees who decline vaccination or serology and who are exposed to measles (for instance) would need to be excluded from work until their immunity is confirmed. To avoid confusion among employees you could explicitly state that on the declination form – i.e. “ I understand that if I decline vaccination I may be excluded from work in the event of an exposure.” Or, a facility policy that immunity to MMR is a condition of employment **would eliminate** gaps.

Vaccination requirement (highlighted)

(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.

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, Diphtheria, 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*.

Vaccination Declination statement:

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