



# Sample Program: Aerosol Transmissible Disease

Prepared for: [Organization Name Here]  
Date: [Date Here]

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## INTRODUCTION

Aerosol transmissible diseases (ATDs) are infectious diseases, such as influenza, tuberculosis and measles that are transmitted either by infectious particles (or droplets through inhalation) or direct contact with mucous membranes in the respiratory tract or eyes. ATDs that spread midair are called Airborne Infectious Diseases (AirID).

This written exposure control plan (ECP) has been developed to minimize or eliminate employee exposure and transmission of infection from ATDs.

It is written in accordance with California OSHA regulation, Title 8 of the California Code of Regulations (T8CCR), section 5199 Aerosol Transmittable Disease (ATD) and its appendices. The ATD standard is unique to California. Currently, there is no federal OSHA ATD standard and no other states that have a specific standard covering ATDs

T8CCR, Section 5199.1 Laboratory Aerosol Transmittable Disease – Zoonotics (those transmitted from animals to humans) is not covered in this document, nor are the requirements for Aerosol Transmissible Pathogens – Laboratories (ATD-L)

## SCOPE & APPLICATION

**Scope:** The following table is a list of employers that may fall under one of the employer categories as outlined in the **Application** section below:

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>● <b>Health Care Facilities:</b> <ul style="list-style-type: none"> <li>○ Hospitals</li> <li>○ Skilled nursing facilities</li> <li>○ Clinics, medical offices and other outpatient medical facilities</li> <li>○ Facilities where high hazard procedures</li> <li>○ Home health care</li> <li>○ Long term health care facilities and hospices</li> <li>○ Medical outreach services</li> <li>○ Paramedic and emergency medical services including these services when provided by firefighters and other emergency responders</li> <li>○ Medical transport</li> </ul> </li> <li>● Facility or service to receive persons from the release of biological agents</li> <li>● Police service transporting or detaining persons with ATDs</li> <li>● Correctional facility, jail, prison, etc.</li> <li>● Homeless shelter</li> </ul> | <ul style="list-style-type: none"> <li>● Public health service such as communicable disease contact tracing or screening programs that are reasonably anticipated to be provided to cases or suspected cases of aerosol transmissible diseases and public health services rendered in health care facilities or in connection with the provision of health care;</li> <li>● Drug treatment center</li> <li>● Pathology laboratory</li> <li>● Medical examiner's facility</li> <li>● Coroner's office</li> <li>● Mortuary</li> <li>● A laboratory that performs procedures with ATPs-L or zoonotic ATPs</li> <li>● Maintenance, renovation, service or repair of ATD contaminated ventilation, BSCs, etc.               <ul style="list-style-type: none"> <li>○ Hazardous waste and emergency response</li> <li>○ A workplace with other occupational exposure</li> </ul> </li> </ul> |
|--|---|

**The following are not covered:** Outpatient dental clinics or offices and outpatient medical specialty practices are not required to comply with this standard if they do not perform dental procedures on patients identified to them as ATD cases or suspected ATD cases.

**Application:** The standard covers four types of employer categories. Based on your category, different levels of plans and procedures are required.

**Category 1**

**Employers that fall under the full standard class (this plan)** – hospitals, acute care hospitals, some skilled nursing facilities, hospice, home health or public health service providers or where any of the following are performed:

- Evaluation, diagnosis, treatment, transport, housing or management of persons requiring airborne isolation;
- High hazard procedures performed on suspected or confirmed cases;
- Decontamination or management of persons contaminated as a result of biological agents;
- Autopsies or embalming procedures on human cadavers potentially infected with aerosol transmissible pathogens.

**Category 2**

**Employers are the referring employers** – employers that do not treat people with ATD but only screen them. Examples include primary care clinics, some skilled nursing facilities, jails that do not provide ongoing treatment (refer to the Cal/OSHA provided sample template: [https://www.dir.ca.gov/dosh/dosh\\_publications/ATD-Model-Referring.docx](https://www.dir.ca.gov/dosh/dosh_publications/ATD-Model-Referring.docx))

**Category 3**

**Employers that operate laboratories** – Aerosol Transmissible Pathogens – Laboratories (ATD-L) that are aerosolized in lab procedures (*not addressed in this document*).

**Category 4**

**Employers are those that come in contact with infected animals** (*not addressed in this sample document*).

**Exposure Control Plan (ECP) Elements**

We at [insert company name] have determined that our employees have occupational exposure to ATDs while performing their job duties. Complying with the following written plan will reduce the employees’ risk of contracting these infections and ensure there is an adequate, timely response if and when an exposure incident occurs.

**Administration and Responsibilities**

The administrator of our ATD Exposure Control Plan is: [insert name and job title].

The plan administrator understands infection control principles and practices as they apply to our facility and operations.

**Optional:**

You may create a list of different responsibilities, as deemed necessary for your facility.

Staff	Role(s) in implementing the ATD ECP
[redacted]	Examples include Infection Control Officer, TB Control Officer, PPE Supply Coordinator, etc.
[redacted]	[redacted]

The program administrator will continuously verify established Centers for Disease Control and Prevention (CDC) guidelines, California Department of Public Health (CDPH) or others with respect to respiratory protection and methods of implementation, when deemed necessary. Resources include the following:

- [CDC Guideline for Isolation Precautions](#)
- [CDC Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings](#)

**Job Classification - List of Employees Who Have Occupational Exposure**

The following link provides a list of pathogens and diseases that fall under the plan. This form is mandatory to print and review: <https://www.dir.ca.gov/Title8/5199a.html> (see Appendix page)

For specific pathogens, employees at work who share air with patients or others who may have an infectious disease (e.g., Influenza, TB or another ATD) may be at risk for exposure. Other employees’ risk of contracting aerosol transmittable disease will vary depending on the work tasks being performed.

Therefore, a risk assessment has been conducted to determine which employees are considered to have occupational exposure to ATDs based on the tasks that are reasonably anticipated to present an elevated risk of contracting these diseases without protective measures in place.

**The following table can include a list of applicable job classifications in every department, including any appropriate offsite employees. Those that do not apply can be removed.**

**List of Job Classifications** (include all those that may have exposure to ATDs)

JOB TITLE	DEPARTMENT/LOCATION
Examples: DON, CNA, housekeeping food server	Examples: nursing, direct care, housekeeping, dietary

**List of High Hazard Procedures (if applicable):**

High hazard procedures are those that are performed on an ATD case or suspected case where the potential for being exposed to ATD is increased due to the reasonably anticipated generation of aerosolized pathogens. Consider autopsy, clinical, surgical and laboratory procedures (list specific tasks below and not just general categories, if applicable).

High Hazard Procedure	Job Classifications & Operations with Exposure
Examples: aerosolized administration of medications, sputum induction, bronchoscopy, pulmonary function tests or any procedure that may induce coughing	Examples: respiratory therapist, LVN

**List of All Assignments or Tasks Requiring Personal or Respiratory Protection**

Whenever feasible and practical, engineering and work practice controls will be implemented to adequately reduce employee exposure. Personal protection and/or respiratory protection will be provided when the primary control measures are insufficient to control exposure.

Based on the assessment of work tasks, the table below lists these requirements (complete the table – adding more rows, if needed).

**List of assignments requiring personal protection and respirators**

Assignment or Task	Personal Protection required ( <i>list type[s]</i> )	Respiratory Protection required ( <i>list type</i> )
List any anticipated work task or high-risk procedures.	Examples: gloves, gowns, face shield, eye protection	Examples: N95 or powered air-purifying respirator (PAPR)
[Redacted]	[Redacted]	[Redacted]

**Methods of Implementation**

Procedures to reduce the level of exposure are outlined below.

**Mandatory**

Complete the “Summary of Control Measures” at the end of this section, which summarizes these controls.

**Engineering Controls**

As they apply, we use the following types of engineering controls to protect our employees from ATD exposures (e.g., filtration maintenance in area, increasing outside air intake, etc.). (List the engineering controls here and check the boxes below related to infection isolation, as applicable.)

1. Click or tap here to enter text.
2. Click or tap here to enter text.

At our facility, we use negative pressure Airborne Infection Isolation Rooms (AIIRs) or areas to isolate airborne infectious disease (AirID) patients from staff and other patients.

If our AIIRs are not available, we will follow our procedures to transfer AirID cases and suspected cases to an AIIR at another facility. The procedures are described in detail in the “Referral and Transfer of AirID Cases” section of this program. (*you must check this box if you checked the previous box above.*)

The location(s) of our airborne infection isolation rooms: (List the locations of AIIR(s) here and the types of ventilation measures for those rooms – e.g., fixed HEPA filtration system, portable HEPA filtration or other cleaning technology.)

3. Click or tap here to enter text.
4. Click or tap here to enter text.

We do not have Airborne Infection Isolation Rooms (AIIRs) or areas in our facility, so we follow our procedures to transfer AirID cases and suspected cases to an AIIR at another facility. These procedures are described in detail in the “Referral and Transfer of AirID Cases” section of this program.

**PPE**

The adequate PPE will be provided in accordance with the table above.

**Work Practice Controls**

Surfaces may become contaminated with aerosol transmittable pathogens (ATPs) after contact with individuals with AirID and can be a source of infection.

- EPA-registered disinfectant(s) to clean and disinfect all applicable surfaces and equipment as soon as feasible after contact with infectious persons will be utilized.
- The cleaning will be repeated periodically, as needed.
- Other controls may also include posting signs in visitor area and hallways, as deemed necessary.

### **High Hazard Procedures**

If applicable, all high hazard procedures performed on a confirmed or suspected AirID case are conducted in airborne infection isolation rooms or areas. During these procedures, employees will be required to use respiratory protection, per below. Refer to the [mandatory standards](#) for isolation rooms or areas.

### **Respiratory Protection & Selection**

When our employees must wear respiratory protection to guard against aerosol transmissible pathogens, we will ensure that they only use NIOSH-certified respirators that are approved for that purpose. We will also implement our written [respiratory protection program](#) that meets the requirements of title 8 CCR 5144, including use, care, storage and training procedures (

In most situations where respiratory protection is needed, we will ensure that employees use a respirator at least as protective as an N95 filtering facepiece respirator or greater, depending on the exposure and procedures. These are listed in the table above

If we determine that use of a PAPR would interfere with the success of a particular procedure or task, we will follow these procedures to document this determination: (type the documentation procedures here)

1. **Click or tap here to enter text.**
2. **Click or tap here to enter text.**

Any such determinations will be reviewed during our annual ATD exposure control plan review.

**All components of the respiratory protection program will be fully implemented, including:**

### **Medical Evaluations for Respirator Use**

(we will use either Evaluation Questionnaire in Title 8 CCR 5144 [Appendix C](#) or the alternate questionnaire found in Title 8 CCR section 5199 [Appendix B](#)).

We will have the completed medical evaluation questionnaire and any follow-up examinations deemed necessary reviewed by a qualifying physician or other licensed health care provider.

### **Fit Testing**

Mandatory fit testing and related procedures will be conducted in accordance with respiratory protection standards.

### **Medical Services**

Additional details about the medical services related to ATDs that we offer to employees are in the “Medical Services” section of this written plan, as outlined below. Medical services may include vaccinations, TB testing and post exposure services. These services will be either provided by our in-house medical team, if available and deemed appropriate, or we will send our employees to the nearest medical clinic or facility.

### **Summary of Control Measures (Mandatory)**

The following table summarizes the control measures we use in each operation or work area in which occupational exposure occurs: (add more rows to the table, as needed)

Operation or Work Area Where Exposure Occurs	Engineering Control	Work Practice Control	Cleaning and Decontamination Procedures	PPE	Respiratory Protection

**Source Control Measures**

If we observe respiratory infection symptoms in a patient or other person in our care, we will utilize source control measures to protect our employees from contracting the illness while the suspected ATD case is in our facility.

Our procedure for early identification will be completed on a case-by-case basis and will be based on the work tasks being completed. The procedures will include CDC guidelines for hygiene and cough etiquette outlined in the [Respiratory Hygiene/Cough Etiquette in Health Care Settings](#)

We also will consider the following measures, as deemed necessary:

- Separating symptomatic individuals from others by placing them in a different room, when feasible and available
- Distancing individuals in the same room (at least three to six feet from each other)
- Limiting contact with asymptomatic individuals as much as feasible
- Utilizing visual alerts (e.g., signs informing people to cover their cough and potential symptoms)
- Posting signage in key areas throughout the facility requesting the patients and others to inform the facility of persistent coughs
- Placing a waste receptacle in waiting areas
- Providing handwashing facilities, including soap and water accessible to patients and visitors and/or hand sanitizers and antiseptic handwash areas
- Making surgical masks readily available for individuals exhibiting symptoms of ATD

When a known or suspected AirID case refuses to or cannot comply with our source control measures, our employees will be informed and required to wear surgical masks or N95 respirators when in an area.

Refer to the communication section below regarding the temporary or contract employees.

**Referral and Transfer of AirID Cases to Isolation Room or Facilities**

To best protect our employees from contracting infections, we will strive to identify these cases as quickly as possible. Until the transfer occurs, we will do the following feasible options:

1. We will ensure the transfer occurs promptly (within five hours of identification of the case).
2. As they await the transfer, we will temporarily isolate the person requiring transfer or isolation in a separate room or area if available. The isolation room protocols will be followed.
3. We will continue to observe standard precautions, practice good source control measures, isolation and respiratory protection. Refer to the PPE table above.



Note: If a suitable facility with AIIR is not available to accommodate the patient, we will contact the local health officer at the end of the five-hour timeframe and document our communication attempt. We will continue to contact the local health officer and other medical facilities inside and outside of our local health officer's jurisdiction every 24 hours (also documented) until an AIIR becomes available. When an AIIR becomes available, we will ensure that the patient is appropriately transferred.

If the requirements above cannot be met, then a treating physician will be consulted to determine the best transfer option based on the patient's condition and employee safety.

The [Suspected AirID Case Referral Form](#) is utilized to document attempts to refer an AirID.

### Surge Procedures

For the following procedures, at least minimum controls will be implemented per the guidelines set forth by the CDC, Cal/OSHA, California Department of Health Services and other appropriate local regulatory agencies. There are some similarities in protocols as there are for the referral and transfer for AirID cases, described in the previous section.

When our employees provide services during surge conditions, we will ensure all of the protocols specified in this program are followed, including the list of assignments, appropriate PPEs to be worn and the respiratory protection program for selection and inventory management. In addition, the following work practices and controls are followed:

- We will also ensure that our employees have adequate types and supplies of respiratory protection, gloves, shoe covers, Tyvek suits and any other PPE, as deemed necessary.
- We will ensure that the protective equipment is present in sufficient amount and accessible to employees when needed during surge and non-surge conditions.

The program administrator, along key management staff knowledgeable in infection control and components of this program, is responsible for communicating our activities with the local and regional emergency response agencies. These are our procedures for interacting with the local and regional emergency plan (describe the procedures for cooperating with local and regional emergency response agencies during surge conditions.): [Click or tap here to enter text.](#)

[California Department of Public Health Contact  
CDC Communities by State](#)

### Medical Services

We provide medical services at no cost to our employees who have occupational exposure to aerosol transmissible disease. These medical services, including vaccinations, tests, examinations, evaluations, determinations, procedures, medical management and follow-up, will meet the following conditions:

- They are performed by or under the supervision of a physician or other licensed health care provider (PLHCP).
- They are provided according to public health guidelines and in a manner that ensures the confidentiality of employees and patients.
- Test results and other information regarding exposure incidents and TB conversions shall be provided without providing the source individual's name.

## Vaccinations

We make vaccinations available to employees at no cost during their work hours and encourage employees to participate.

See the [Vaccines Form](#) for a listing of available vaccines.

If an employee declines any of the vaccinations listed in Appendix I, we will have them sign a declination statement, found in section 5199 Appendix C1 and C2, respectively: <https://www.dir.ca.gov/Title8/5199c1.html> and <https://www.dir.ca.gov/Title8/5199c2.html>

## LTBI Assessment

We will follow public health guidelines or consult a local health officer for the latent tuberculosis infection (LTBI) assessment, screening TB conversion and baseline positives.

In the event of a TB conversion, an investigation of the circumstances and correcting the deficiencies that may have led to the case will be conducted. We will also document the investigation using the [exposure incident form](#).

In the event of a TB conversion, we will also record the case on the Cal/OSHA Form 300 Log of Work-Related Injuries and Illnesses by placing a check in the “respiratory condition” column and entering “privacy case” in the space normally used for the employee’s name. We will also investigate the circumstances of the conversion and correct any deficiencies in the procedures, engineering controls or PPE that were involved.

## Exposure Incidents

We will notify all exposed employees the date, time and nature of the exposure within a reasonable timeframe for the specific disease (and meets regulatory standards).

The exposure records for all employees involved in an exposure analysis, including records for healthcare workers not requiring post-exposure follow-up because they did not meet the exposure parameters or were immune to the illness, will be adequately maintained.

A reportable ATD (RATD) is an aerosol transmissible disease that a health care provider is required to report to the local health officer, in accordance with title 17 CCR, Division 1, Chapter 4.

The California Department of Public Health [Division of Communicable Disease Control](#) website includes the current list of RATDs. Contact information for the local health departments is also available on the CDPH webpage for the [California Conference of Local Health Officers](#).

The documentation for our analysis procedure is summarized on the [Exposure Incident Form](#).

If the analysis determines that the employee did not have significant exposure or was determined to be immune to infection, then that employee does not require post-exposure follow-up. We will document the basis for the determination and ensure the exposure analysis is available to the local health officer upon request.

We will also determine, to the extent that the information is available in our records, whether any employees of other employers may have been exposed to the case or suspected case. If so, we will notify the other employer(s) within a reasonable timeframe, but no later than 72 hours after the report to the local health officer.

See the “Communicating with Other Employers Regarding Exposure Incidents” section below for our procedures to notify other employers that their employees may have had significant exposure while working at our facility.

As soon as feasible, we will provide all of our employees who had a significant exposure with a post-exposure medical evaluation by a PLHCP knowledgeable about the specific disease. This includes appropriate vaccination, prophylaxis and treatment for *M. tuberculosis* (the group of different bacterial species that cause tuberculosis) and for other pathogens where recommended by applicable public health guidelines. We will notify employees that they have the right to decline to receive the medical evaluation. The employee will receive a post-exposure evaluation and follow-up from an outside PLHCP.

Employees will be sent to a local PLHCP for post-exposure medical evaluation and follow-up unless the employee declines. Information will be provided to the PLHCP via the [Post-Exposure form](#)

A PLHCP opinion will be requested to determine whether precautionary removal from the employee's regular job assignment is necessary to prevent the disease agent's spreading and what type of alternative work assignment may be provided. We will request that any recommendation for precautionary removal be made immediately by phone or in writing.

The employee will be provided with a copy of the PLHCP written opinion within 15 working days of completion of all required medical evaluations.

If the PLHCP or local health officer recommends precautionary removal, we will maintain the employee's earnings, seniority and all other employee rights and benefits until the employee is determined to be noninfectious. This includes the employee's right to return to their former job status as if they had not been removed or otherwise medically limited.

For TB conversions and all RATD and ATP-L exposure incidents, the written opinion will consist of only the following information:

1. The employee's TB test status or applicable RATD test status for the exposure of concern.
2. The employee's infectivity status.
3. A statement that the employee has been informed of the results of the medical evaluation and has been offered any applicable vaccinations, prophylaxis or treatment.
4. A statement that the employee has been told about any medical conditions resulting from exposure to TB, other RATD or ATP-L that require further evaluation or treatment and that the employee has been informed of treatment options.
5. Any recommendations for precautionary removal from the employee's regular assignment.

### **Evaluation of Exposure Incidents**

After ensuring that the exposed employees receive required medical evaluations and follow-up, we will also investigate the exposure incidents to determine the cause and to revise existing procedures to prevent the recurrence of the incidents. Evaluation procedures will include interviews, inspections of equipment and review of procedures, which will be revised based on results.

### **Procedures to Communicate with Our Employees/Other Employers Regarding Infectious Disease Status of Patients**

To ensure our employees use appropriate precautions, we will communicate the suspected or confirmed infectious disease status of persons to whom they are exposed in the course of their duties. We will also share this status with other employers whose employees were exposed to the individual, such as those involved with transportation or care of the patient.

To communicate with our staff, we use all effective means, including making notes in patient charts regarding isolation status and precautions, discussions during staff huddles at the start of each shift and additional means as needed.

### **Communicating with Other Employers Regarding Exposure Incidents**

If we have a suspected or confirmed ATD case, we will determine and communicate if other employers' staff had contact with the infected individual within 72 hours of our report to the local health officer.

The notification will include the following information:

- Date and time of the potential exposure.
- The nature of the potential exposure.
- Any other information that is necessary for the other employer(s) to evaluate the potential exposure of their employees.
- The contact information for the diagnosing PLHCP.

The notification will not include the identity of the source patient due to privacy laws.

We will keep in close communication with the health care providers and receipt of notification from them regarding the disease status of patients referred or transferred between our facility or care

### **Ensuring an Adequate Supply of PPE and other Equipment**

To ensure that employees wear the required PPE, such as gowns, gloves and respiratory protection, we must ensure that we have adequate supplies under normal operations and in foreseeable emergencies.

We will include attempts made to obtain respirators through alternate suppliers and through public stockpiles.

### **Training**

The program administrator will assign and ensure training is completed for all employees in a timely manner. Make-up sessions will be completed to accommodate all employees.

We provide training to our employees who have occupational exposure to aerosol transmissible diseases at the time of initial assignment of applicable work tasks, annually thereafter and repeated as needed.

The training will be adequately documented. Regardless of the format, we will ensure that all employees have a full understanding of the training material being covered through interactive discussions, questions and written quizzes.

A list of relevant training topics are included in the [training form](#).

### **Recordkeeping**

Various records will be maintained to ensure that we are taking all necessary steps to protect our employees. This includes the employee medical records, training records and others regarding the ATD will be maintained.

Refer to the "Recordkeeping Table" at the end of this section for a list of required records and retention period.

### **Medical Records**

Medical records will be kept confidential and employees will have access to their medical records. Anyone with the written consent of the employee, Cal/OSHA representatives, NIOSH and the local health officer will also be given access to employee medical records following applicable regulations. The subsequent will be maintained:

- The employee's name and any other employee identifier used at our workplace.
- The employee's vaccination status for all vaccines required by title 8 CCR 5199.
- All PLHCP's written opinions and results of TB assessments.
- A copy of the information regarding an exposure incident that was provided to the PLHCP.

<b>Type of Record*</b>	<b>Retention Period</b>
Vaccination status of employees, including any signed declinations	Length of employment + 30 years
PLHCP written opinions for either latent TB, post-exposure or follow up.	Length of employment + 30 years
Results of TB assessments	Length of employment + 30 years
Copies of information regarding exposure incidents provided to the PLHCP	Length of employment + 30 years
Training records – to include date, time, attendee, topic and qualifying trainer.	Three years from the date of the training
Annual review of ATD Exposure Control Plan	Three years
Exposure incidents (exposure analysis; any determinations of no post-exposure follow-up needed using this form: <a href="#">exposure incident form.</a> )	At least 30 years
Unavailability of vaccines (These shall include the information on the form in the back of this plan)	Three years
Unavailability of all rooms or areas	Three years
Decisions not to transfer a patient to another facility for all due to medical reasons*	Three years
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	Five years
Records of the respiratory protection program, including medical evaluations, fit testing and training	Not specified
Determinations that a PAPR would interfere with the successful performance of certain high hazard tasks	Not specified
Other ( <i>specify</i> )	

**\*Medical records will be kept separately from non-medical personnel records and to comply with HIPAA regulations.**

**\*Training records and any non-medical records will be maintained separately by the HR department.**

### Obtaining Active Involvement of Employees to Update the Plan

As part of our annual review process, we obtain employees, managers, and supervisors' active involvement. Active involvement means more than merely having a form available that employees can fill out at their leisure.

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One of the following procedures will be used to obtain the active involvement of employees concerning the procedures performed in their respective work areas or departments: actively ask employees for input in meetings, solicit input during annual trainings, put employees on the committee to annually review and update the plan.

## APPENDIX

### List of Mandatory Documents

- **Appendix A:** List of Aerosol Transmissible Diseases/Pathogens (Mandatory)  
<https://www.dir.ca.gov/Title8/5199a.html>
- **Appendix B:** Alternate Respirator Medical Evaluation Questionnaire (Mandatory if the employer chooses this form  
<https://www.dir.ca.gov/Title8/5199b.html> in lieu of the other mandatory Questionnaire in Section 5144 Appendix C  
<https://www.dir.ca.gov/Title8/5144c.html>)
- **Appendix C1:** Vaccination Declination Statement (Mandatory)  
<https://www.dir.ca.gov/Title8/5199c1.html>
- **Appendix C2:** Seasonal Influenza Vaccination Declination Statement (Mandatory)  
<https://www.dir.ca.gov/Title8/5199c2.html>
- **Appendix E:** Aerosol Transmissible Disease Vaccination Recommendations for Susceptible Health Care Workers (Mandatory) <https://www.dir.ca.gov/Title8/5199e.html>
- **Appendix F:** Sample Screening Criteria for Work Settings Where No Health Care Providers Are Available (non-mandatory) <https://www.dir.ca.gov/Title8/5199f.html>
- **Appendix G:** Respirator Fit Testing (Mandatory)  
<https://www.dir.ca.gov/Title8/5199g.html> (also refer to section 5144: <https://www.dir.ca.gov/Title8/5144a.html>)

### Additional Resources

- ATD Fact Sheet  
[https://www.dir.ca.gov/dosh/dosh\\_publications/Aerosol-Diseases-fs.pdf](https://www.dir.ca.gov/dosh/dosh_publications/Aerosol-Diseases-fs.pdf)
- ATD Standard (includes definitions of terms)  
<https://www.dir.ca.gov/Title8/5199.html>
- California Workplace Guide to ATD  
[https://www.dir.ca.gov/dosh/dosh\\_publications/ATD-Guide.pdf](https://www.dir.ca.gov/dosh/dosh_publications/ATD-Guide.pdf)
- Respiratory Protection Standard  
<https://www.dir.ca.gov/Title8/5144.html>
- Workplace Sample Template for Referring Employers  
[https://www.dir.ca.gov/dosh/dosh\\_publications/ATD-Model-Referring.docx](https://www.dir.ca.gov/dosh/dosh_publications/ATD-Model-Referring.docx)
- Workplace Sample Template for Laboratory Biosafety  
[https://www.dir.ca.gov/dosh/dosh\\_publications/ATD-Biosafety-Plan.docx](https://www.dir.ca.gov/dosh/dosh_publications/ATD-Biosafety-Plan.docx)
- Centers for Disease Control and Prevention (CDC)  
<https://www.cdc.gov/>
- World Health Organization (WHO)  
<https://www.who.int/>
- California Department of Public Health (CDPH)  
<https://www.cdph.ca.gov/>
- Centers for Medicare and Medicaid (CMS)  
<https://www.cms.gov/>

## Glossary of Terms

**AIIR:** Airborne Infection Isolation Room

**AirID:** Airborne Infectious Diseases

**ATD:** Aerosol Transmittable Disease

**ATD-L:** Aerosol Transmissible Pathogens – Laboratories

**ATP:** Aerosol Transmittable Pathogens

**ECP:** Exposure Control Plan

**Cal/OSHA:** California – Occupational Safety and Health Administration

**CDC:** Center for Disease Control

**CDPH:** California Department of Public Health

**EPA:** Environmental Protection Agency

**HEPA:** High-Efficiency Particulate Air

**LTBI:** Latent Tuberculosis Infection

**N95 Respiratory:** A particulate filtering facepiece that filters 95% of airborne particulates

**N99 Respiratory:** A particulate filtering facepiece that filters 99% of airborne particulates

**NIOSH:** National Institute of Occupational Safety and Health

**PAPR:** Powered Air-Purifying Respirator

**PLHCP:** Physician or other Licensed Health Care Provider

**PPE:** Personal Protection Equipment

**RAT:** Reportable ATD

**TB:** Tuberculosis