

Overview of Proposed Regulation

The Division of Occupational Safety and Health (DOSH) has prepared draft summary sheets to assist interested parties in understanding how proposed Section 5199 would apply in certain operations. These summary sheets are not intended to modify or replace the actual language of the proposed standard and will be changed if the proposed regulation changes. Please send any comments about this summary to dgold@dir.ca.gov.

Aerosol Transmissible Diseases -- Primary Care Physicians and Clinics

Workers at primary care facilities such as medical offices, clinics and other outpatient medical facilities are at increased risk for infection with aerosol transmissible diseases (ATDs). Primary care operations provide most medical care for people with ATDs such as pertussis (whooping cough), pneumonia, mumps and influenza. Some diseases, called airborne infectious diseases (AirIDs) because they are spread through small particle aerosols which remain infectious and airborne for long periods of time, require special isolation procedures, called airborne infection isolation (AII). Most primary care facilities refer AirID cases or suspected cases to hospitals or specialty clinics that have appropriate facilities for providing inpatient or outpatient diagnostic services, therapy or care to people with these diseases¹. Primary care facilities are considered referring employers when they only intend to provide initial treatment or screening services for people who need AII. Section 5199 would require referring primary care employers to:

1. Designate a person who will be responsible for developing and implementing effective procedures to control the risk of transmission of aerosol transmissible diseases [5199(c)(1)]. These procedures must be reviewed at least annually with employees, and any problems found must be corrected [5199(c)(8)].
2. Implement written source control procedures (respiratory hygiene/cough etiquette) for people entering the facility, such as providing masks or tissues and hand hygiene materials [5199(c)(2)].
3. Implement written procedures for the screening and referral of cases and suspected cases of airborne infectious disease (AirIDs) to appropriate facilities [5199(c)(3)].
4. Implement written procedures to communicate with employees and other employers regarding the suspected or diagnosed infectious disease status of referred patients [5199(c)(4)].
5. Implement procedures to reduce the risk of transmission of AirIDs during the period a person requiring referral is in the facility or is in contact with employees. These procedures may include placing the person in a separate room (preferably with separate or filtered ventilation). If feasible, employees entering the area should be provided with respirators if the person awaiting referral is not using source control measures and other controls are not in place [5199(c)(5)].
6. Provide the vaccinations recommended by public health authorities², including seasonal flu vaccine, to all susceptible health care workers who are potentially exposed to ATDs [5199(c)(6)].
7. Establish procedures for providing employees covered by this standard with annual testing for latent tuberculosis infection, and follow-up for employees who have been exposed at work to a confirmed case of a reportable³ aerosol transmissible disease. This also includes continuation of pay for a period during which an employee is not sick but a physician or other licensed health care provider (PLHCP) recommends removal from the workplace because the employee may be contagious (unless alternate work is available) [5199(c)(6)].
8. Provide training at or prior to an employee's initial assignment to a job covered by this regulation, and at least annually thereafter. The training must be provided during working hours, and at no cost to the employee [5199(c)(7)].
9. Keep records which include: vaccination records, exposure incident records, records of inspection of any ventilation systems or other engineering controls, and if applicable, records for the respiratory protection program [5199(j)].

¹ The Centers for Disease Control and Prevention have identified the following diseases as requiring AII: Tuberculosis (TB), small pox, chicken pox (varicella), monkey pox, SARS, and measles. In addition Section 5199 requires AII for human cases of avian influenza (not seasonal influenza), and for novel and unknown ATDs until it is determined that AII is unnecessary.

² Mumps Measles and Rubella (MMR), Tetanus Diphtheria and Acellular Pertussis (TDAP), Varicella zoster, and seasonal influenza.

³ Title 17, California Code of Regulations, Section 2500 includes a list of diseases reportable to the local health officer.