

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 – Corrections and Law Enforcement

Corrections and law enforcement personnel are at increased risk for infection with aerosol transmissible diseases. Correctional facilities differ in the resources they have available, and in the services that they provide to potentially infectious people. California law currently requires jails to screen inmates upon arrival in the facility and to develop procedures for management of inmates suspected of having communicable diseases (California Code of Regulations, Title 15). Many jails refer them immediately to a health care facility. Those facilities would be defined as **referring** employers under the proposed aerosol transmissible diseases (ATD) standard, (proposed Section 5199) and would be required to comply with the limited program described in subsection (c) for referring employers. Facilities that provide treatment, diagnosis, or housing to individuals requiring airborne infection isolation would come under the main portion of the standard that applies to hospitals and similar work operations. Referring employers would be required to:

1. Develop infection control procedures and identify the person(s) who will be responsible for implementing them [5199 (c)(1)].
2. Implement written source control procedures (respiratory hygiene/cough etiquette) for jails and other fixed establishments, and for use in field operations, when feasible. Source control includes providing masks or tissues and hand hygiene materials to people who are coughing [5199(c)(2)].
3. Identify and refer or transport people who are suspect or confirmed cases of airborne infectious diseases (AirID) to a facility that can provide appropriate diagnosis, treatment, and isolation. Examples of the diseases requiring transfer are tuberculosis, SARS, measles, chicken pox, and smallpox.¹ Facilities that do not have health care providers available would be required to have procedures to identify persons that should be referred to a health care provider for further evaluation, based on readily observable signs or symptoms [5199(c)(3)].
4. Establish temporary control measures to protect employees during the period of time the person requiring referral is awaiting transfer to another facility. If feasible, these 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 [5199(c)(5)].
5. Establish communication procedures to inform employees, and other employers whose employees will have contact with the patient, of the patient's suspected or confirmed infectious disease status. This would apply to people who transport the patient, as well as to the hospital or other correctional facility 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 reportable² ATD [5199(c)(4)].
6. Establish procedures to provide vaccinations, including the seasonal flu vaccine, as recommended by the CDC or the California Department of Public Health (CDPH). Health care workers must also be offered the vaccines recommended by the CDPH, listed in appendix E [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 reportable ATD. This also includes continuation of pay for a period during which an employee is not sick but a physician or other licensed health care professional (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 [5199(c)(7)].
9. Annually review the infection control procedures with employees in their work areas and correct any problems that are found [5199(c)(8)].
10. Keep records which include: vaccination records, exposure incident records, engineering control inspection/maintenance records, and if applicable, records for the respiratory protection program [5199(j)].

¹ The referral or transfer must be within 5 hours of initial contact, unless the initial contact occurred after 3:30 p.m., or there is no appropriate facility to transfer the patient to, or the transfer would be detrimental to the patient's condition.

² Title 17, California Code of Regulations, Section 2500 includes a list of diseases reportable to the local health officer.