



PACIFIC COLLEGE *of* HEALTH AND SCIENCE

## COVID-19 Preparedness and Response Plan



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### Section I: Reference Materials: Purpose

Pacific College of Health and Science has developed a written COVID-19 Preparedness and Response Plan in order to equip employees with the information, guidance, and directives to protect themselves and others. This plan is a living document that will be updated and edited as local, state and federal agencies provide new guidance.

This plan focuses on the need for certain control measures, including engineering, administrative, personal protective equipment, and safe work practices as well as staff training. All employees should use this protocol to determine appropriate actions for their place of work.

The purpose is to reduce the impact of COVID-19 outbreak conditions in our facilities. This plan is to be used in conjunction with the Pacific College Health and Safety Manual and the policies referred to within in document.

### Section I: Reference Materials: About Sars-CoV-2 and COVID-19

What are Coronavirus, SARS-CoV-2, and COVID-19?

Coronaviruses	SARS-CoV-2	COVID-19
<p>Coronaviruses are a large family of viruses which may cause illness in animals or humans. In humans, several coronaviruses are known to cause respiratory infections ranging from the common cold to more severe diseases such as Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS). The most recently discovered coronavirus (SARS-CoV-2) causes coronavirus disease COVID-19.</p>	<p>COVID-19 is caused by a new coronavirus named SARS-CoV-2.</p>	<p>COVID-19 is the infectious disease caused by the most recently discovered coronavirus. This new virus and disease were unknown before the outbreak began in Wuhan, China, in December 2019. COVID-19 is now a pandemic affecting many countries globally.</p>

### Section I: Reference Materials: Sources of COVID-19

The virus is thought to spread mainly from person-to-person, including:

- Between people who are in close contact with one another (within about 6 feet).
- Through respiratory droplets produced when an infected person coughs, sneezes, or speaks.
- These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs.
- Some spread might be possible before people show symptoms; there have been reports of this type of asymptomatic transmission with this new coronavirus, but this is also not thought to be the main way the virus spreads.

Although the United States has implemented public health measures to limit the spread of the virus, it is likely that some person-to-person transmission will continue to occur.

### SARS-CoV-2 on surfaces

It may be possible that a person can get COVID-19 by touching a surface or object that has SARS-CoV-2 on it and then touching their own mouth, nose, or possibly their eyes, but this is not thought to be the primary way the virus spreads.

The most important thing to know about coronavirus on surfaces is that they can easily be cleaned with common household disinfectants that will kill the virus.

Surface	Survival period
Plastic	72 hours
Stainless steel	72 hours
Copper	<4 hours
Cardboard	<24 hours

### SARS-CoV-2 on food

Currently, there is no evidence to support the transmission of COVID-19 associated with food. Before preparing or eating food, it is important to always wash your hands with soap and water for at least 20 seconds for general food safety. Throughout the day, use a tissue to cover your coughing or sneezing, and wash your hands after blowing your nose, coughing, or sneezing, or going to the bathroom.

It may be possible that a person can get COVID-19 by touching a surface or object, like a packaging container, that has the virus on it and then touching their own mouth, nose, or possibly their eyes, but this is not thought to be the main way the virus spreads.

In general, because of poor survivability of these coronaviruses on surfaces, there is likely a very low risk of spread from food products or packaging.

Wash fruits and vegetables the same way you should do under any circumstance: before handling them, wash your hands with soap and water. Then, wash fruits and vegetables thoroughly with clean water, especially if you eat them raw.

### Section I: Reference Materials: Symptoms of COVID-19

Infection with SARS-CoV-2, the virus that causes COVID-19, can cause illness ranging from mild to severe and, in some cases, can be fatal. Symptoms typically include fever, cough, and shortness of breath. Many people infected with the virus have reported experiencing other non-respiratory symptoms.

- Fever
- Cough
- Shortness of breath or difficulty breathing

- Chills
- Repeating shaking with chills
- Muscle pain
- Headache
- Sore throat
- New loss of taste or smell

### **Duration of symptoms**

According to the CDC, symptoms of COVID-19 may appear in as few as 2 days or as long as 14 days after exposure.

### **When to seek medical attention**

If you develop any of these emergency warning signs\* for COVID-19 get medical attention immediately:

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion or inability to arouse
- Fever
- Dry persistent cough
- Sudden loss of taste or smell
- Intense fatigue

\*This list is not all-inclusive. Please consult your medical provider for any other symptoms that are severe or concerning to you.

Call 911 if you have a medical emergency: Notify the operator that you think you might have COVID-19. If possible, put on a cloth face covering before medical help arrives.

### **Section I: Reference Materials: Testing for COVID-19**

There are laboratory tests that can identify the virus that causes COVID-19 in respiratory specimens with reasonable reliability, though not yet perfect certainty. State and local public health departments have received tests from CDC, whereas medical providers are getting tests developed by commercial manufacturers.

### **How to get tested**

COVID-19 testing differs by location. If you have symptoms of COVID-19 and want to get tested, call your medical provider first. You can also visit your state or local health department's website to look for the latest local information on testing. While supplies of these tests are increasing, it may still be difficult to find a place to get tested.

### **People who need to take extra precautions**

People at higher risk for severe illness include:

- Older adults
- People with asthma
- People with HIV
- People with other underlying medical conditions

Other populations:

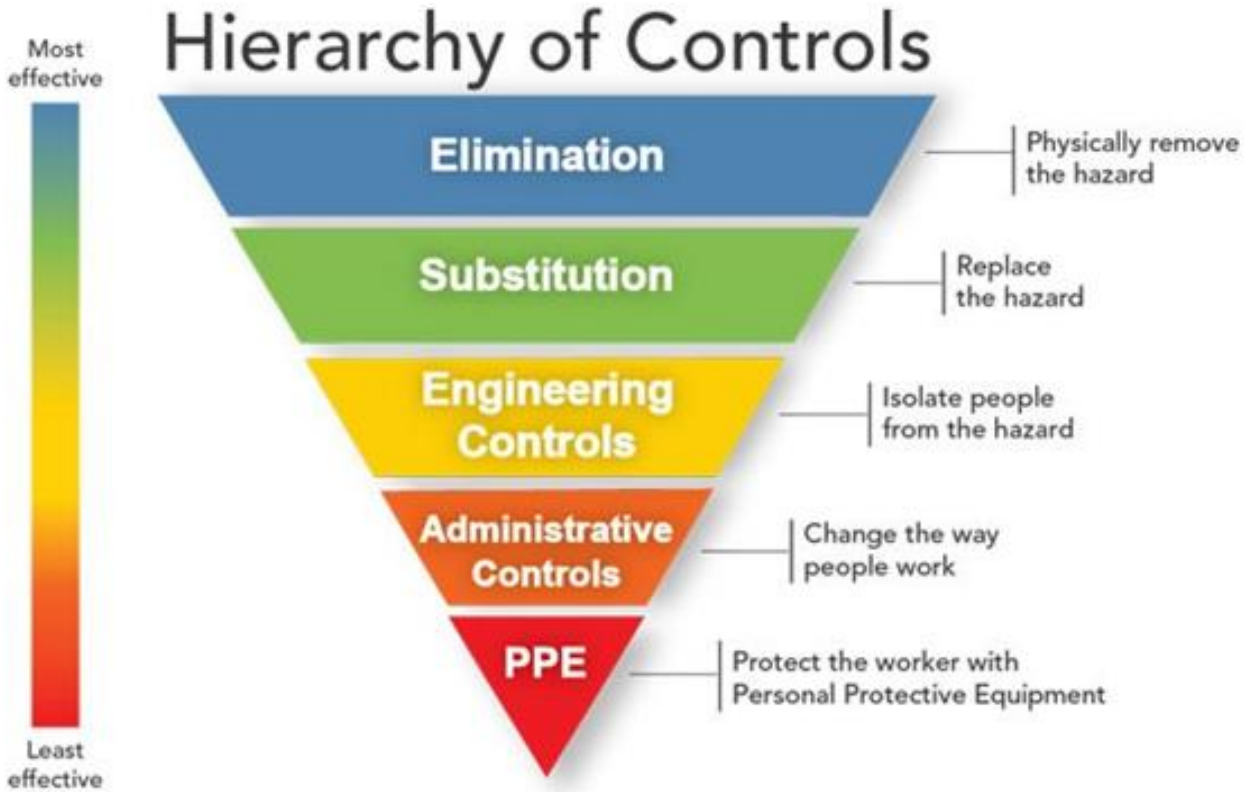
- People with disabilities
- Those pregnant or breastfeeding
- People experiencing homelessness
- Certain racial and ethnic minority groups

### **Section I: Reference Materials: Infection, Prevention, and Control Measures**

Infection control is a system of measures practiced by employers and administrators to prevent the transmission of infectious agents (e.g., bacteria, viruses). Infection control strategies are designed to prevent infections and injuries and illnesses in personnel.

### **Section I: Reference Materials: Workplace Controls**

OSHA has a framework called “hierarchy of controls” to prioritize ways of controlling workplace hazards. The below graphic lists the different potential control mechanisms.



## Elimination

Physically removing the hazard is the most effective hazard control. For example, if employees must work high above the ground, the hazard can be eliminated by moving the piece they are working on to ground level to eliminate the need to work at heights.

## Substitution

Substitution, the second most effective hazard control, involves replacing something that produces a hazard (similar to elimination) with something that does not produce a hazard—for example, replacing lead-based paint with titanium white. To be an effective control, the new product must not produce another hazard.

With an outbreak, it isn't always practical to eliminate or substitute a hazard. So, the most effective protection measures (from most effective to least effective) are engineering controls, administrative controls, and then personal protective equipment or PPE.

## Engineering Controls

Engineering controls are favored over administrative and personal protective equipment (PPE) for controlling existing worker exposures in the workplace because they are designed to remove the hazard at the source before it encounters the worker. Well-designed engineering controls can be highly effective in protecting workers and will typically be independent of worker interactions to provide this high level of protection. The initial cost of engineering controls can be higher than the cost of administrative controls or PPE, but over the longer term, operating costs are frequently lower, and in some instances, can provide cost savings in other areas of the process.

### **Administrative Controls**

Administrative controls include changes to work policy and procedures as well as safe work practices that are designed to reduce or minimize the duration, intensity, and frequency of exposure to a hazard. This methodology requires a conscious and cooperative staff and student effort in employment.

### **Personal Protective Equipment**

While using PPE correctly can prevent some exposures, it should not be used without the other prevention strategies listed above. PPE is “performance-oriented”, i.e. the equipment used must suit the job function being performed. While PPE determination is made by the administration, OSHA and CDC have issued guidance on recommended PPE for the COVID-19 outbreak.

## **Section II: Protocols: Engineering Controls**

These types of controls reduce exposure to hazards without relying on worker behavior and can be the most cost-effective to implement. See Engineering Controls implemented below:

### **Engineering controls: medium exposure risk**

#### **Physical barriers or other means of separating employees and customers/patrons/patients (where feasible).**

- Clear plastic sneeze guards
- Windows in reception areas
- Curtains or other temporary partitions
- Other: the college is employing social distancing of at least 6 ft
- Other: patients, students, and staff are being isolated to specific areas of the clinic with wall separations.

#### **No-touch mechanisms such as for (detail mechanism used):**

- Doors: \_\_\_\_\_



Bathroom facilities: no touch faucets \_\_\_\_\_

Other: \_\_\_\_\_

Other: \_\_\_\_\_

**Addressing air quality:**

Increase ventilation rates in the work environment; high-efficiency air filters

Portable purifiers with UV disinfection

Other: MERV 13 filters have been added to HVAC units \_\_\_\_\_

Other: air purifies are in each treatment room equal to MERV13 standards \_\_\_\_\_

**Engineering controls: high to very high exposure risk**

**Addressing air quality:**

Ensure appropriate air-handling systems are installed and maintained. Reference Guidelines for Environmental Infection Control in Healthcare Facilities: <https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5210a1.htm>

Properly maintain ventilation systems to provide air movement from a clean to contaminated flow direction

Other: air handling systems are regularly monitored for maintenance by the facilities manager

Other: \_\_\_\_\_

**Specimen handling:**

Pacific College clinic does not handle specimens from known/suspected COVID-19 patients.

We follow special precautions associated with Biosafety Level 3 when handling specimens from known/suspected COVID-19 patients.

Other: The College maintains strict adherence to clean needle protocols including the use of sharps and biohazard \_\_\_\_\_

Other: \_\_\_\_\_

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## Section II: Protocols: Administrative Controls

### General guidelines for all employees

We monitor public health communications about COVID-19 recommendations, as well as OSHA, NIOSH, CDC, ADA, and local, state, and federal orders and guidelines.

The public health, local, state, and federal agency communications inform changes in work policy to reduce or minimize the duration, frequency, or intensity of exposure to a hazard. See Administrative Controls implemented below.

### Communication plan

At a time like this, where information, guidelines, and directives are frequently changing, staying abreast of the facts and keeping our community informed is of the utmost importance. Our organization has taken the below steps to ensure clear communication of preparedness and response measures:

#### Internal to the organization

We utilize the below mechanisms to keep our staff and students up to date:

Email

Webinars

Team meetings (virtual or otherwise in accordance with distancing measures)

Social media

Online communication service: Constant Contact is used for wider community communications

Other: \_\_\_\_\_

Other: \_\_\_\_\_

#### External to the organization

We utilize the below mechanisms to keep our staff up to date:

Email

Webinars

Team meetings (virtual or otherwise in accordance with distancing measures)

Social media

Online communication service: Constant Contact

Other: College website

Other: \_\_\_\_\_

### Postings

PacificCollege.edu

We do / do not display educational postings in our work environment to support COVID-19 recommendations.

### **Social distancing**

We employ the following social distancing measures:

- Flexible worksites (e.g., telework)
- Flexible work hours (e.g., staggered shifts)
- Breakrooms and all common areas have limited capacity measure implemented
- Increasing physical space between employees at the worksite, minimum 6ft.
- Increasing physical space between customers at the worksite, minimum 6ft.
- Increasing physical space between employees and customers (e.g., drive through, partitions)
- Flexible meeting and travel options (e.g., postpone non-essential meetings or events)
- Downsizing operations
- Delivering services remotely (e.g. phone, video, or web)
- Delivering products through curbside pick-up or delivery
- Designate areas for pickup and deliveries
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_

### **General safe work practices**

We employ the following measures to reduce or minimize the duration, frequency, or intensity of exposure:

- Discourage sharing of work tools and equipment like phones, desks, etc.
- Do not congregate in a break room or other crowded places
- Perform as many tasks as possible away from others
- Limit opportunities for touch contamination (e.g. adjusting glasses, rubbing nose, touching face, environmental surfaces such as light switches and door handles)
- Other: \_\_\_\_\_

Other: \_\_\_\_\_

### **Worksite access**

We maintain a continuous log of every person, including workers and visitors, who may have close contact with other individuals at the worksite or area; excluding deliveries that are performed with appropriate PPE or through contactless means; excluding customers, who may be encouraged to provide contact information to be logged but are not mandated to do so.

We limit or extend our business hours as follows:

We specify the following hours for vulnerable populations (elderly people, people with underlying health conditions, etc.)

Limiting the points of entry to access to the college is presently isolated only through the clinic screening process. A log is kept of all approved staff, students, and visitors allowed on campus. All other points of access are locked and do not allow entry.

Limit number of visitors allowed in facility at a given time.

Detail: Rooms have been set up with floor markers and chairs that allow for proper spacing. Floor marker and signs have been placed to keep a one-way flow through the clinic and college. In places where line may form, markers have been placed to allow for distancing when in line. Signs have been placed at the entrance indicating the phone number to call for service from outside and remain outside of buildings.

Curbside access.

Detail: Anyone coming to the college to pick up books or herbs must order online and pay by credit card over the phone. Once permission is given for pick up and a time is set, the person appears outside the front door and the purchase is placed in the trunk of the person's auto.

Delivery

Detail: Delivery people leave packages on a table outside of the main entrance.

Self-checkout kiosks to minimize worker interaction with others.

### **Clinic safe work practices**

We do not perform aerosol-generating procedures

We provide personnel with alcohol-based hand rubs containing at least 60% alcohol

Perform as many tasks as possible in areas away from patient (e.g. charting)

Work from clean to dirty (i.e. touching clean body sites or surfaces before touching dirty or heavily contaminated areas)

Limit opportunities for touch contamination (e.g. adjusting glasses, rubbing nose, touching face)

☒ Differentiate clean areas (e.g. where PPE is put on) from potentially contaminated areas (e.g. where PPE is removed)

☒ Use of telephone system to deliver messages to incoming callers about when to seek care at our facility, when to seek emergency care and where to go for information about caring for a person with COVID at home.

☒ Before patients arrive ensure patient has been instructed to follow and complete appropriate preventative actions (e.g. wearing protective face covering, social distancing and COVID-19 symptom screening)

☒ If a patient reports signs or symptoms of COVID-19, refer (if applicable) the patient is directed to report to their medical provider for assessment and follow CDC's [Healthcare Personnel with Potential Exposure Guidance](#).

## **Section II: Protocols: Personal Protective Equipment**

The last line of defense in the hierarchy of controls, personal protective equipment may also be needed to prevent some exposures. Refer to Personal Protective Equipment Policy and protocols below.

### **Surgical respirator mask usage guidance**

Surgical respirator masks such as the N95 respirator must continue to be reserved for healthcare workers and other medical first responders, i.e., workers in the high or very high-risk categories. For workers in the low and medium exposure risk categories, surgical respirator masks are not expected to be needed.

When disposable respirators are used, employers must comply with the requirements of OSHA's Respiratory Protection standard (29 CFR 1910.134).

### **PPE for cleaning and disinfection**

The risk of exposure to cleaning staff is inherently low. Cleaning staff should wear disposable gloves and gowns for all tasks in the cleaning process, including handling trash.

- Gloves and gowns should be compatible with the disinfectant products being used.
- Additional PPE might be required based on the cleaning/disinfectant products being used and whether there is a risk of splash.
- Gloves and gowns should be removed carefully to avoid contamination of the wearer and the surrounding area. Be sure to perform hand hygiene per the Hand Hygiene Policy after gloves are removed.
- If gowns are not available, coveralls, aprons, or work uniforms can be worn during cleaning and disinfecting. Reusable (washable) clothing should be laundered afterwards. Clean hands after handling dirty laundry.
- Gloves should be removed after cleaning a room or area occupied by ill persons. Be sure to perform hand hygiene per the Hand Hygiene Policy after gloves are removed.
- Cleaning staff should immediately report breaches in PPE, such as a tear in gloves or any other potential exposures to their supervisor.

## Reusable PPE general guidance for all

Any reusable PPE must be properly cleaned, decontaminated, and maintained after and between uses.

### Low exposure risk

Use of additional PPE is based on recommendations of local government in an outbreak.

### Medium exposure risk

A combination of gloves, gowns, scrubs, face mask/shield, or goggles will be considered. PPE will vary by work tasks, as result of the College determination and types of exposure.

When performing the following work tasks...	We use the following PPE...
Clinic Rec.	Masks, Gloves
Clinic Practitioners' Tasks	Masks, (or respirators if appropriate) Gloves, Gowns, Booties, Face Shield
Administration	Masks, Gloves
Bookstore, Library	Masks, Gloves

### High and very high exposure risk

#### Care for patients without COVID-19

While no one in the College should be caring for a COVID positive patient in the College clinic, below are recommendations for caring for a loved one at home. In all cases your doctor is your guide for care.

Wear gloves, scrubs, eye protection (i.e., goggles or a disposable/ reusable face shield that covers the front and sides of the face), and an N95 or higher-level respirator with additional mask over (when available)

- Reusable eye protection must be cleaned and disinfected according to the manufacturer's reprocessing instructions prior to re-use. Disposable eye protection should be discarded after use.
- Change scrubs if they become soiled with possible contaminant.

If surgical respirator masks are not available, use a combination of a surgical mask and a full-face shield.

- Ensure that the mask is cleared by the US Food and Drug Administration (FDA) as a surgical mask.
- Surgical masks should be removed and discarded after exiting the patient's room or care area.
- Change surgical masks during patient treatment if the mask becomes wet.

#### Caring for a patient with known or suspected COVID-19

The clinic prescreens for COVID-19 prior to patient appointments on-site. The clinic does not treat COVID-19 patients. Patients with suspected COVID-19 are referred to their medical provider. Please reference our

Aerosol Transmissible Disease Policy located in the Pacific College of Health and Science Health and Safety Manual for further information.

### **Additional considerations**

- Employees always wear facemasks when in the facility.
  - When available, medical facemasks are preferred over cloth face coverings.
  - Cloth face coverings should not be worn instead of a facemask if more than source control is required.
  
- Employees whose job duties do not require PPE (e.g. administrative staff) are permitted to wear cloth face coverings.
  
- Employees engaged in direct patient care activities are permitted to wear cloth face coverings when NOT performing such activities.
  
- Employees are instructed that if they touch or adjust their mask/cloth face covering, they must perform hand hygiene before and after.

### **Section II: Protocols: Hand Hygiene**

One of the best ways to inhibit the spread of SARS-CoV-2 is frequent and thorough handwashing. This protocol details the process for proper handwashing, appropriate products for hand hygiene, and how/when to use them. Refer to Hand Hygiene Policy

#### **General guidance for all**

#### **What is hand hygiene?**

Hand hygiene means cleaning your hands by using either handwashing (washing hands with soap and water), antiseptic handwash, antiseptic hand rub (i.e., alcohol-based hand sanitizer including foam or gel), or surgical hand antiseptics.

#### **Why practice hand hygiene?**

##### **Cleaning your hands reduces:**

- The spread of potentially deadly germs to patients
- Colonization or infection caused by germs acquired from the others and the environment

##### **Methods to maintain hand skin health**

- Lotions and creams can prevent and decrease skin dryness that happens from cleaning your hands

##### **Factors in choosing hand hygiene products**

Broad-spectrum, persistent activity	For antimicrobial products, look for activity that continues after the handwash or hand rub.
Low irritancy	To protect skin, consider a hand cleaner/antiseptic with skin softeners.
Staff acceptance	Make sure hand hygiene products are accepted and used routinely. People may avoid using products they do not like.
Potential allergies	Avoid allergy-inducing ingredients. Chronic allergies can cause skin to crack and weep, which provides a portal of entry for microorganisms.
Skin integrity after repeated use	Use compatible creams or lotions at the end of the workday to keep skin moist and healthy.
Scent	An offensive odor can discourage routine use.
Delivery system	Are clean sinks available? Can dispensers become contaminated?
Cost per use	Look beyond the purchase price: ineffective or unused products are of no value.

CDC recommends the use of alcohol-based hand sanitizers with greater than 60% ethanol or 70% isopropanol as the preferred form of hand hygiene in healthcare settings, based upon greater access to hand sanitizer.

### Low exposure risk, medium exposure risk, and high to very high exposure risk

The below information is outlined and detailed in the Hand Hygiene Policy.

#### Postings

We  do /  do not display handwashing postings in our work environment to support COVID-19 recommendations.

#### Key times to wash hands

- After you have been in a public place and touched an item or surface that may be frequently touched by other people, such as door handles, tables, gas pumps, shopping carts, or electronic cashier registers/screens, etc.
- Before touching your eyes, nose, or mouth because that's how germs enter our bodies.
- Before, during, and after preparing food.
- Before eating food.
- Before and after caring for someone at home who is sick with vomiting or diarrhea.
- Before and after treating a cut or wound.
- After using the toilet.
- After changing diapers or cleaning up a child who has used the toilet.
- After blowing your nose, coughing, or sneezing.
- After touching an animal, animal feed, or animal waste.
- After handling pet food or pet treats.



- After touching garbage.

### **Hand washing methodology**

1. Wet your hands with clean, running water (warm or cold), turn off the tap, and apply soap.
2. Lather your hands by rubbing them together with the soap. Lather the backs of your hands, between your fingers, and under your nails.
3. Scrub your hands for at least 20 seconds. Need a timer? Hum the “Happy Birthday” song from beginning to end twice.
4. Rinse your hands well under clean, running water.
5. Dry your hands using a clean towel or air dry them.

### **Use hand sanitizer when you can't use soap and water**

Washing hands with soap and water is the best way to get rid of germs in most situations. If soap and water are not readily available, you can use an alcohol-based hand sanitizer that contains at least 60% alcohol. You can tell if the sanitizer contains at least 60% alcohol by looking at the product label.

Sanitizers can quickly kill the number of germs on hands in many situations.

However,

- Sanitizers do not kill all types of germs, where washing can physically remove germs and viruses.
- Hand sanitizers may not be as effective when hands are visibly dirty or greasy.
- Hand sanitizers might not remove harmful chemicals from hands, such as pesticides and heavy metals.

### **How to use hand sanitizer**

1. Apply the gel product to the palm of one hand (read the label to learn the correct amount).
2. Rub your hands together.
3. Rub the gel over all the surfaces of your hands and fingers until your hands are dry. This should take around 20 seconds.

**Caution! Never ingest hand sanitizer for any reason.** Swallowing alcohol-based hand sanitizers can cause alcohol poisoning if more than a couple of mouthfuls are swallowed. Keep it out of reach of young children and supervise their use.

### **Fingernail care and jewelry**

- Germs can live under artificial fingernails both before and after using an alcohol-based hand sanitizer and handwashing.
- It is recommended that healthcare providers do not wear artificial fingernails or extensions when having direct contact with patients at high risk (e.g., those in intensive-care units or operating rooms).
- Keep natural nail tips less than ¼ inch long.

Note: Some studies have shown that skin underneath rings contain more germs than comparable areas of skin on fingers without rings

## Section II: Protocols: Respiratory Hygiene and Cough Etiquette Policy

Detailed recommendations for postings in an office setting and best practices around employee and patient/customer interactions.

### General guidance for all

- Cover your mouth and nose with a tissue when coughing or sneezing.
- Use the nearest waste receptacle to dispose of the tissue after use.
- Perform hand hygiene (e.g., hand washing with non-antimicrobial soap and water, alcohol-based hand rub, or antiseptic handwash) after having contact with respiratory secretions and contaminated objects/materials.

### Personnel will be provided:

- Tissues and no-touch receptacles for used tissue disposal.
- Conveniently located dispensers of alcohol-based hand rub.
- Supplies for hand washing (i.e., soap, disposable towels) are consistently available.

### Wearing cloth face coverings

A significant portion of individuals with coronavirus that lack symptoms (“asymptomatic”), among whom some eventually develop symptoms (“pre- symptomatic”), can transmit the virus to others before showing symptoms or even without ever showing symptoms.

This means that the virus can spread between people interacting in proximity—for example, speaking, coughing, or sneezing—even if those people are not exhibiting symptoms.

For this reason, it is recommended that you wear cloth face coverings in public settings where other social distancing measures are difficult to maintain (e.g., grocery stores, pharmacies, etc.), especially in areas of significant community-based transmission.

Cloth face coverings are changed if they become soiled or damp, and hand hygiene is performed immediately before and after contact with face covering. They are laundered regularly (e.g., daily or when soiled).

Note: Facemasks and cloth face coverings should not be placed on:

- Young children under age 2
- Anyone who has trouble breathing
- Anyone who is unconscious, incapacitated, or otherwise unable to remove the mask without assistance

### Postings

We  do /  do not display visual alerts (signs, posters) in our work environment to support COVID-19 recommendations.

If applicable, postings:

Are located at entrance(s)

Are in waiting areas

Are in elevators

Are in other locations: \_\_\_\_\_

Provide instructions to wear a cloth face covering or facemask

Provide instructions on cough etiquette

Other: \_\_\_\_\_

Other: \_\_\_\_\_

**Low exposure risk** - No additional recommendations

**Medium exposure risk** - No additional recommendations

**High to very high exposure risk**

**Universal source control**

To address asymptomatic and pre-symptomatic transmission, we implement source control for everyone entering our facility.

This includes:

Encouraging patients and visitors to wear their own cloth face covering upon arrival to the facility. If a patient or visitor arrives without a cloth face covering, they will be given one and instructed on its use.

Instruct patients and visitors that if they touch/adjust their face covering, they should perform hand hygiene immediately before and after.

Patients may not remove their face covering when in their rooms.

## **Section II: Protocols: Environmental Infection Prevention and Control Policy**

Instructions on routine housekeeping practices, cleaning and disinfection of surfaces, equipment and other elements of the work environment are provided to the community.

**General guidance for all**

Transmission of SARS-CoV-2 to persons from surfaces contaminated with the virus is possible. Transmission of coronavirus, in general, occurs much more commonly through respiratory droplets than through objects or materials which are likely to carry infection, such as clothes, utensils, and furniture. Current evidence suggests that SARS-CoV-2 may remain viable for hours to days on surfaces made from a variety of materials. Cleaning of visibly dirty surfaces followed by disinfection is a best practice measure for the prevention of COVID-19 and other viral respiratory illnesses.

**Cleaning** refers to the removal of dirt and impurities, including germs, from surfaces. Cleaning alone does not kill germs, but by removing the germs, it decreases their number and, therefore, any risk of spreading infection.

**Disinfecting** is described as the use of chemicals, for example, EPA-registered disinfectants, to lower the number of germs on surfaces. This process does not necessarily clean dirty surfaces or remove germs, but lowering the number of germs remaining on a surface after cleaning further reduces any risk of spreading infection.

Pacific College janitorial service providers have implemented enhanced cleaning and disinfection procedures to meet the recommended CDC guidelines. The janitorial service providers use EPA registered disinfectants listed for use against SARS-CoV-2 and are listed in the material safety data sheet (MSDS) available through the clinic.

### **Low exposure risk**

#### **Routine environmental cleaning and disinfection**

Routinely clean and disinfect all frequently touched surfaces in the workplace, such as workstations, keyboards, telephones, handrails, and doorknobs.

If surfaces are dirty, they should be cleaned using a detergent or soap and water prior to disinfection.

For disinfection, the most common EPA-registered household disinfectants should be effective.

Follow the manufacturer's instructions for all cleaning and disinfection products (e.g., concentration, application method and contact time, etc.).

For electronics follow the manufacturer's instructions for all cleaning and disinfection products. Consider the use of wipeable covers for electronics. If no manufacturer guidance is available, consider the use of alcohol-based wipes or spray containing at least 70% alcohol to disinfect touch screens. Dry surfaces thoroughly to avoid the pooling of liquids.

Personnel are discouraged from using other workers' phones, desks, computers, offices, or other tools and equipment, when possible. If necessary, clean and disinfect them before and after use.

Pacific College provides disposable wipes so that commonly used surfaces (for example, doorknobs, keyboards, remote controls, desks, other work tools, and equipment) can be wiped down by employees before each use.

Pacific College campus point of sale locations have individual protocols for disinfecting all point of sale such as credit card terminals and pens/styluses between each customer.

### **Medium exposure risk**

#### **How to clean and disinfect**

#### **Hard (non-porous) surfaces**

Wear appropriate personal protective equipment. See Personal Protective Equipment Policy within the Health and Safety Manual.

If surfaces are dirty, they should be cleaned using a detergent or soap and water prior to disinfection.

For disinfection, the most common EPA-registered household disinfectants should be effective. Follow the manufacturer's instructions for all cleaning and disinfection products for concentration, application method and contact time, etc.

Additionally, diluted household bleach solutions (at least 1000ppm sodium hypochlorite) can be used if appropriate for the surface. Follow manufacturer's instructions for application, ensuring a contact time of at least 1 minute and allowing proper ventilation during and after application. Check to ensure the product is not past its expiration date. Never mix household bleach with ammonia or any other cleanser. Unexpired household bleach will be effective against coronaviruses when properly diluted.

Prepare a bleach solution by mixing:

- 5 tablespoons (1/3 cup) bleach per gallon of water or
- 4 teaspoons bleach per quart of water

### **Soft (porous) surfaces**

For soft (porous) surfaces such as carpeted floor, rugs, and drapes, remove visible contamination if present and clean with appropriate cleaners indicated for use on these surfaces.

After cleaning:

If the items can be laundered, wash items in accordance with the manufacturer's instructions using hot if not the warmest appropriate water setting for the items and then dry items completely.

### **Electronics**

For electronics such as tablets, touch screens, keyboards, remote controls, and ATM machines, remove visible contamination if present.

Possible use of wipeable covers for electronics where appropriate.

If no manufacturer guidance is available, the use of alcohol-based wipes or sprays containing at least 70% alcohol to disinfect touch screens will be used. Dry surfaces thoroughly to avoid the pooling of liquids.

### **Linens, clothing, and other items that go in the laundry**

When handling dirty laundry from an ill person, we:

Wear disposable gloves when handling dirty laundry from an ill person and then discard after each use. If using reusable gloves, those gloves should be dedicated for cleaning and disinfection of surfaces for COVID-19 and should not be used for other household purposes. Perform hand hygiene immediately after gloves are removed. See Hand Hygiene Policy.

Do not wear gloves when performing hand hygiene immediately after handling dirty laundry. See Hand Hygiene Policy.

Not applicable; we do not handle dirty laundry

In order to minimize the possibility of dispersing virus through the air, do not shake dirty laundry.

The College sends all laundry to a medical laundry service, where all items are washed in accordance with the manufacturer's instructions. If possible, launder items using hot water (if not, the warmest appropriate water setting for the items) and dry items completely.

Clean and disinfect hampers or other carts for transporting laundry according to the guidance above for hard or soft surfaces.

### **Cleaning and disinfection after persons suspected/confirmed to have COVID-19 have been in the facility**

#### **At a facility that does not house people overnight:**

Close off areas visited by the ill persons. If feasible open outside doors and windows and use ventilating fans to increase air circulation in the area. Wait 24 hours or as long as practical before beginning cleaning and disinfection.

#### **At a facility that does not house people overnight**

The clinic or College does not allow staff, patients or students on campus if exhibiting symptoms of a highly contagious disease during a pandemic. Staff and janitorial staff will clean and disinfect all areas such as offices, bathrooms, common areas, shared electronic equipment (like tablets, touch screens, keyboards, remote controls, and ATM machines) used by the ill persons, focusing especially on frequently touched surfaces.

### **High to very high exposure risk**

All non-dedicated, non-disposable medical equipment used for patient care should be cleaned and disinfected according to manufacturer's instructions and facility policies.

## **Section II: Protocols: Screening and Incident Response Policy**

This protocol details identification and isolation of potentially infectious individuals. Best practices to prevent further transmission in worksites, medical screenings, steps to address an exposure or instance of COVID-19.

### **General guidance for all**

#### **Important definitions**

##### **Isolation**

Isolation is used to separate sick people from healthy people. People who are in isolation should stay home. In the home, anyone sick should separate themselves from others by staying in a specific bedroom or space and using a different bathroom (if possible).

##### **Quarantine**

Quarantine is used to keep someone who might have been exposed to COVID-19 away from others. Someone in self-quarantine stays separated from others and limits movement outside of their home or current place. A person may have been exposed to the virus without knowing it (for example, when

traveling or out in the community) or they could have the virus without feeling symptoms. Quarantine helps limit further spread of COVID-19.

**CDC Public Health Guidance for Community Exposure and Screening**

Person	Exposure to	Recommended precautions for the public
<ul style="list-style-type: none"> <li>• Household member</li> <li>• Intimate partner</li> <li>• Individual providing care in a household without using recommended infection control precautions</li> <li>• Individual who has had close contact (&lt; 6 feet) for a prolonged period of time</li> </ul>	<ul style="list-style-type: none"> <li>• Person with symptomatic COVID-19 during period from 48 hours before symptoms onset until meets criteria for discontinuing home isolation (can be a laboratory-confirmed disease or a clinically compatible illness in a state or territory with widespread community transmission)</li> </ul>	<ul style="list-style-type: none"> <li>• Stay home until 14 days after last exposure and maintain social distance (at least 6 feet) from others at all times</li> <li>• Self-monitor for symptoms <ul style="list-style-type: none"> <li>• Check temperature twice a day</li> <li>• Watch for fever*, cough, or shortness of breath</li> </ul> </li> <li>• Avoid contact with people who need to take extra precautions (unless they live in the same home and had same exposure)</li> <li>• Follow CDC guidance if symptoms develop</li> </ul>
<p>All U.S. residents, other than those with a known risk exposure</p>	<ul style="list-style-type: none"> <li>• Possible unrecognized COVID-19 exposures in U.S. communities</li> </ul>	<ul style="list-style-type: none"> <li>• Be alert for symptoms <ul style="list-style-type: none"> <li>• Watch for fever, cough, or shortness of breath</li> <li>• Take temperature if symptoms develop</li> </ul> </li> <li>• Practice social distancing <ul style="list-style-type: none"> <li>• Maintain 6 feet of distance from others</li> <li>• Stay out of crowded places</li> </ul> </li> <li>• Follow CDC guidance if symptoms develop</li> </ul>

**CDC Public Health Guidance for Community Exposure and Screening**

If you	Steps to take
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...or someone in your home might have been exposed	<p><b>Self-Monitor</b></p> <p>Be alert for symptoms. Watch for fever, * cough or shortness of breath.</p> <ul style="list-style-type: none"> <li>• Take your temperature if symptoms develop.</li> <li>• Practice social distancing. Maintain 6 feet of distance from others and stay out of crowded places.</li> <li>• Follow CDC guidance if symptoms develop.</li> </ul>
...feels healthy but: <ul style="list-style-type: none"> <li>• Recently had close contact with a person with COVID-19, or</li> <li>• Recently traveled from somewhere outside the U.S.</li> <li>• <a href="https://www.cdc.gov/coronavirus/2019-ncov/php/risk-assessment.html">https://www.cdc.gov/coronavirus/2019-ncov/php/risk-assessment.html</a></li> </ul>	<p><b>Self-Quarantine</b></p> <ul style="list-style-type: none"> <li>• Check your temperature twice a day and watch for symptoms.</li> <li>• Stay home for 14 days and self-monitor.</li> <li>• If possible, stay away from people who are high-risk for getting sick from COVID-19.</li> </ul>
<ul style="list-style-type: none"> <li>• Have been diagnosed with COVID-19, or</li> <li>• Are waiting for test results, or</li> <li>• Have symptoms such as cough, fever, or shortness of breath</li> </ul>	<p><b>Self-Isolate</b></p> <ul style="list-style-type: none"> <li>• Stay in a specific “sick room” or area and away from other people or animals, including pets. If possible, use a separate bathroom.</li> </ul>

### Staff and student screening

Pacific College of Health and Science actively encourages all to self-monitor for symptoms of COVID-19.

Anyone with symptoms should notify their supervisor, stay home, faculty, dean, advisor and follow CDC public health guidance for community exposure and screening as referenced on preceding pages.

Staff and students who are well but who have a sick family member at home with COVID-19 should notify their supervisor or advisor and follow CDC recommended precautions.

Prior to entering Pacific College facilities, students and staff complete a health screening to confirm the staff or student has a temperature below County or State Health Agency, or CDC whichever threshold is lower and otherwise without symptoms consistent with COVID-19.

No one with a fever or COVID-19 symptoms are allowed entry into any part of the facility.

### Staff and student incident response steps

PacificCollege.edu

Staff and students who appear to have symptoms of COVID-19 (i.e., fever, cough, or shortness of breath) upon arrival at Pacific College worksites or who become sick during the day will immediately be separated from other employees, students, patients and visitors and sent home.

If they are confirmed to have COVID-19 infection, Pacific College will:

- Inform exposed community members of their possible exposure to COVID-19 in the college but maintain confidentiality as required by the Americans with Disabilities Act (ADA).
- Instruct about how to proceed based on CDC Public Health Guidance for Community Exposure and Screening and Public health guidance for community monitoring steps.
- Follow the recording and reporting steps below.

Pacific College protocol for returning to work and work restrictions will follow current CDC Guidelines <https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html>

### **Recording requirements**

OSHA recordkeeping requirements, codified at 29 C.F.R. Part 1904, mandates that covered employers record certain work-related injuries and illnesses sustained by employees in their OSHA 300 log.

OSHA directs employers to follow the Centers for Disease Control and Prevention (CDC) guidelines which define a “confirmed case.”

COVID-19 can be a recordable illness if a worker is infected as a result of performing their work-related duties.

### **Reporting requirements**

Pacific College will immediately notify state and local health departments as cooperate with contact tracing efforts.

### **Patients and visitors**

#### **Screening process has detailed instructions in the Health and Safety Manual**

Before entering a Pacific College facility:

- The patient or visitor must complete health screening to confirm they have a temperature below County or State Health Agency, or CDC whichever threshold is lower and are without symptoms consistent with COVID-19.
- If a fever or COVID-19 symptoms are present, the staff member, student, patient or visitor will not be allowed entry into the facility.
- The College is limiting visitors accompanying patients inside the facility to only those essential for the patient’s physical or emotional well-being and care (e.g., care partners).

### **Isolation**

Employees, students and patients that present symptoms of COVID-19 during their scheduled work shift or appointment will be instructed to go immediately to their doctor or an urgent care facility. If a student or faculty becomes ill in class, they may be directed to the clinic for evaluation and will be isolated as follows:

Well-ventilated triage area

Private isolation room with the door closed

AIIRs for patients with known/suspected COVID-19 undergoing aerosol-generating procedures

Other: no person will be allowed to enter the facility with symptoms of COVID-19

Other: \_\_\_\_\_

## **Section II: Protocols: Workplace Administrative Measures**

Workforce management steps, guidance on sick leave policies, pay, travel, personal hygiene resources, and more.

- Pacific College Employee Handbook Section 3: Time Away from Work and Other Benefits outlines time off and leave policies.
- On April 1, 2020, the U.S. Department of Labor announced new action regarding how American workers and employers will benefit from the protections and relief offered by the Emergency Paid Sick Leave Act and Emergency Family and Medical Leave Expansion Act, both part of the Families First Coronavirus Response Act (FFCRA).
- Pacific College has implemented the Emergency Paid Sick Leave Act and Emergency Family and Medical Leave Expansion Act policy as an addendum to the Employee Handbook.

### **Return to work criteria**

Sick employees should not return to work until the criteria to discontinue home isolation is met in consultation with healthcare providers and state and local health departments. Beyond local circumstances, the following strategies exist for making a return-to-work determination:

Pacific College protocol for returning to work and work restrictions will follow current CDC Guidelines <https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html>

## **Section II: Protocols: Workforce COVID-19 Training Policy**

COVID-19 awareness training and resources.

Pacific College has trained employees about:

- The applicable sources of exposure to the virus;
- Reasonably anticipated occupational exposure to SARS-CoV-2;

- The hazards associated with that exposure; and
- Appropriate workplace protocols in place to prevent or reduce the likelihood of exposure

**Training is conducted:**

For new hires within 10 days of their hire

On a recurring basis     monthly /     quarterly /     annually /  other \_\_\_\_\_

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**Pacific College of Health and Science LLC**  
**COVID-19 Preparedness and Response Plan Policy Library**

**Appendix A – Policy No. 01 Standard Precautions**

**Policy Owner: Safety Officer**

**POLICY STATEMENT**

Standard Precautions are designed to reduce the risk of transmitting microorganisms and aerosolized droplets from both recognized and unrecognized sources of infection and are a key component to the Aerosol Transmissible Disease Control Plan and the [Bloodborne Pathogen Exposure Control Plan](#). Standard Precautions are used for the protection and care of all staff, students and patients. Standard Precautions apply to (1) aerosolized droplets (2) blood; (3) all body substances, secretions, and excretions (except sweat), regardless of whether or not the substances contain visible blood; (4) non-intact skin; (5) mucous membranes

**AFFECTED STAKEHOLDERS**

*Indicate all departments and persons within the college that are affected by this policy:*

- Administrative Staff
- Temporary/Staffing Agency Staff
- Faculty
- Clinic Supervisors
- Clinic Interns, Co-treating Intern, Assistant, Observer
- Vendors/Contractors
- Other:

**DEFINITIONS**

Intentionally left blank.

**PROCESS & PROCEDURES**

- 1. Hand Hygiene** General Hand hygiene: Hands should be washed with soap and water for at least 20 seconds when visibly soiled, before eating, and after using the restroom or more frequently to effectively prevent the spread of pathogens and infections. Hand hygiene in a healthcare setting occurs after touching blood, body substances, respiratory secretions, excretions and contaminated items, whether or not gloves are worn. Perform hand hygiene between patient contacts and when otherwise indicated to avoid transfer of microorganisms to other patients or the environment. Soap, and at minimum 60% alcohol-based hand sanitizer is used for routine hand hygiene.

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**Office Director of Clinical Services**

**Policy No.:** 01

**Policy Sponsor:** Safety Officer

**Originally Issued:** 7/27/2020

**Last Revision:** 07/27/2020  
**Last Review:** 07/27/2020 **Next**  
**Review:** 07/27/2021

2. **Gloves** are worn when routinely cleaning and disinfecting environmental surfaces. Gloves are worn for medical screenings, touching blood, body substances, respiratory secretions, excretions, and contaminated items. Gloves are used when touching mucous membranes and non-intact skin. Gloves should also be worn when the touching of such substances and items can be reasonably anticipated. Remove gloves promptly after use before touching non-contaminated items and environmental surfaces and before caring for another patient. Hand hygiene is performed immediately after removing gloves.
3. **Masks, Protective Eyewear, and/or Fluidshields** are worn to protect the mucous membranes of the eyes, nose and mouth during procedures and patient care activities that are likely to generate splashes or sprays of blood, body substances, secretions or excretions.
4. **Scrubs or Gowns** are used to protect skin and to prevent soiling of clothing during procedures and patient care activities that are likely to generate splashes or sprays of blood, body substances, respiratory secretions, excretions, pathogens or droplets. The gown is removed as promptly as possible and hand hygiene is performed to avoid transfer of microorganisms to other patients or the environment.
5. **Patient Care Equipment** soiled with blood, body substances, respiratory secretions, excretions, pathogens or droplets. is handled in a manner that prevents skin and mucous membrane exposures, contamination of clothing and the transfer of microorganisms to other patients or the environment. Reusable equipment is not used on another patient until the equipment has been cleaned and reprocessed appropriately. Single use items are discarded properly.
6. **Environmental Surfaces** workstations, office equipment, treatment tables treatment room equipment, and other frequently touched surfaces are maintained, cleaned and disinfected according to CDC guidelines and EPS standards and products for cleaning and disinfection. A log of daily facility cleaning and disinfection and frequent restroom and treatment room cleaning and disinfection must be maintained.
7. **Linen** During the COVID-19 pandemic linens will be assumed to be soiled after each patient treatment and will be handled as if soiled with pathogens and droplets. Linen soiled with blood, body substances, respiratory secretions, excretions, pathogens and droplets is handled, transported and processed in a manner that prevents skin and mucous membrane exposures and contamination of clothing and that avoids the transfer of microorganisms to other patients or the environment. Soiled linen must be placed in a blue linen bag and carried, to an approved dirty linen storage device. All linens will be cleaned by third party vendors using EPA approved cleaning and disinfectant products and standards.
8. **Patient Placement** A private treatment room is required for patients to assist in maintaining appropriate hygiene and environmental control.

## 9. Respiratory Hygiene and Cough Etiquette

- Posted signs at entrances and in strategic places (e.g. elevators, breakrooms, clinic waiting rooms) with instructions to all persons and patients entering our facilities, to cover their mouths/noses when coughing or sneezing, use and dispose of tissues and perform hand hygiene after hands have been in contact with respiratory secretions.
- Provided tissues and no-touch receptacles (e.g. foot-pedal operated lid or open, plastic-lined waste basket) for disposal of tissues.
- Provided resources and instructions for performing hand hygiene in or near waiting areas; provide conveniently- located dispensers of alcohol-based hand sanitizer and where sinks are available, supplies for hand-washing.
- During periods of increased prevalence of respiratory infections in the community (e.g. Increased reporting of local hospitalization for respiratory infections, increased school absenteeism) offer masks to persons upon entry into the facility or medical office and encourage them to maintain special separation, ideally a distance of at least six (6) feet, from others.

### **Worker Protection**

We shall use feasible engineering controls and work practice controls to reduce employee exposure to infectious diseases. When those controls are not sufficient, we shall provide personal protective equipment. We have defined appropriate workplace controls for our various worker exposure risk classifications. Refer to Aerosol Transmissible Diseases written procedures.

Refer to our PPE and Respiratory Protection Programs for specific requirements where PPE and/or respirators are included as appropriate workplace controls for infectious disease hazards.

Workplace flexibilities and protections will be emphasized to protect workers during an infectious disease outbreak. Our Company will follow the recommendations of federal, state,



and local health authorities which may include, but not be limited to the following:

- Have sick employees stay home
  - Ensure that sick leave policies are flexible and consistent with public health guidance and that employees are aware of these policies
  - Talk with companies that provide our business with contract or temporary employees about the importance of sick employees staying home and encourage them to develop non-punitive leave policies
  - Maintain flexible policies that permit employees to stay home to care for a sick family member
  - Recognize that workers with ill family members may need to stay home to care for them
  - Establish policies and practices to increase the physical distance among employee and between employees and others if health authorities recommend the use of social distancing
- 
- Implementing flexible worksites (e.g., telework)
  - Implementing flexible work hours (e.g., staggered shifts)
  - Increasing physical space between employees at the worksite
  - Increasing physical space between employees and customers (e.g., drive through, partitions)
  - Implementing flexible meeting and travel options (e.g., postpone non-essential meetings or events)
  - Delivering services remotely (e.g., phone, video, or web)
  - Delivering products through curbside pick-up or delivery

Finally, we will also be maintaining regular housekeeping practices, including cleaning and disinfection of the work environment and prevention with enhanced cleaning and disinfection per CDC Guidelines.

<https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility-H.pdf>

#### Methods to Respond if Exposure Incidents Occur

##### Employee Exhibiting COVID-19 Symptoms

If an employee exhibits COVID-19 symptoms, the employee will be asked to call their healthcare provider and to return home. The employee may return to work consistent with Pacific College of Health and Science policies, CDC, and state and local guidelines.

##### Employee Tests Positive for COVID-19

An employee that tests positive for COVID-19 will be directed to self-quarantine away from work. The employee may return to work consistent with CDC and state and local guidelines.

If our Company learns that an employee has tested positive, our Company will conduct an investigation into co-workers that may have had close contact with the confirmed-positive employee in the prior 14 days and direct those individuals that have had close contact with the confirmed-positive employee to call their healthcare provider regarding the length of time to stay home. Close contact is defined as six (6) feet for a prolonged period of time.

The employee may return to work consistent with Pacific College of Health and Science policies, CDC, and state and local guidelines.

#### Employee Has Close Contact with a Tested Positive COVID-19 Individual

If an employee learns that he or she has come into close contact with a confirmed-positive individual outside of the workplace, he/she must alert a manager or supervisor of the close contact and also call their healthcare provider regarding the length of time to stay home. The employee may return to work consistent with Pacific College of Health and Science policies, CDC, and state and local guidelines.

Note: The Pacific College of Health and Science policies, and these guidelines may change as ADA, EEOC, CDC, and state and local legislation and guidelines develop.

#### Communication

Infectious disease outbreaks can evolve rapidly. Our Company will communicate to our workers as information becomes available on the following topics:

- Information about the infectious disease outbreak
- Changes to our business operations including workplace policies, workplace protections, and flexibilities
- Notifying workers if a person in the facility has been confirmed infectious or has been around someone who has been confirmed infectious for their potential exposure.

*Note: Except for circumstances in which our Company is legally required to report workplace occurrences of communicable disease, the confidentiality of all medical conditions will be maintained in accordance with applicable law and to the extent practical under the circumstances. When it is required, the number of persons who will be informed of an employee's condition will be kept at the minimum needed not only to comply with legally-required reporting but also to assure proper care of the employee and to detect situations where the potential for transmission may increase. Our company reserves the right to inform other employees that a co-worker (without disclosing the person's name) has been diagnosed with COVID-19 if the other employees might have been exposed to the disease so the employees may take measures to protect their own health.*

## **COVID-19 Safety Training**

The following training is provided to our employees who have occupational exposure to infectious disease:

- Explanation of infectious disease
- Modes of transmission and applicable control procedures
- Review of recognized tasks and activities that may pose an exposure
- Appropriate workplace controls, which may include engineering and administrative controls, safe work practices, and PPE

Training materials may include but are not limited to the following:

- Sequence for putting on personal protective equipment (CDC)
- How to properly put on and take off a disposable respirator (CDC)
- Safety course: Pandemic Influenza
- Safety course: Infection Control - Handwashing

## **REFERENCES, SUPPORTING DOCUMENTS, AND TOOLS**

COVID-19 Preparedness and Response Plan

### **RELATED POLICIES**

Aerosol Transmissible Disease Exposure Control Plan  
Bloodborne Pathogen Exposure Control Plan  
Hand Hygiene Policy

### **APPROVED BY**

Safety Officer, Director of Clinical Services

**Date:** 07/27/2020

## Appendix B – Policy No. 02 Infection Prevention and Control Authority Statement

### POLICY STATEMENT

Authority and responsibility are defined to implement Infection Prevention and Control policies and provisions.

### AFFECTED STAKEHOLDERS

*Indicate all departments and persons within the college that are affected by this policy:*

- Administrative Staff
- Temporary/Staffing Agency Staff
- Faculty
- Clinic Supervisors
- Clinic Interns, Co-treating Intern, Assistant, Observer
- Vendors/Contractors
- Other:

### DEFINITIONS

None.

### PROCESS & PROCEDURES

The Director of Clinical Services/Safety Officer(s) and Campus Directors have the responsibility and authority to implement Infection Prevention and Control policies to reduce the risk of transmission of a communicable disease.

In the event that Pacific College of Health and Science policies cannot be implemented, or an unusual situation is not covered by such policies, the Director of Clinical Services/Safety Officer and Campus Director must alert the CEO and COO for further action.

### REFERENCES, SUPPORTING DOCUMENTS, AND TOOLS

None.

### RELATED POLICIES

None.

### APPROVED BY

Safety Officer, Director of Clinical Services

**Date:** 07/27/2020

Office Director of Clinical Services

Policy No.: 02

Policy Sponsor: Safety Officer

Originally Issued: 07/27/2020 Last Revision: 07/27/2020 Last Review: 07/27/2020 Next Review: 07/27/2020



## Appendix C – Policy No. 03 Hand Hygiene Policy

**Policy Owner: Safety Officer**

### POLICY STATEMENT

Hand hygiene is the single most important measure to prevent infections. The purpose of this policy is to define routine hand hygiene policies and procedures. Hand hygiene will be performed using the principals below.

### AFFECTED STAKEHOLDERS

*Indicate all departments and persons within the college that are affected by this policy:*

- Administrative Staff
- Temporary/Staffing Agency Staff
- Faculty
- Clinic Supervisors
- Clinic Interns, Co-treating Intern, Assistant, Observer
- Vendors/Contractors
- Other:

### DEFINITIONS

<b>Dermatitis</b>	Inflammation and disruption of the first layer of skin; thereby compromising the barrier function of the skin. Risk factors include use of latex gloves, chemical exposure, frequent hand hygiene, or hand washing with hot water.
<b>Direct Patient Care Provider</b>	A healthcare worker who provides patient care by having direct contact with the patient.
<b>Hand Hygiene</b>	The measure used to remove resident and transient organisms from the hands.
<b>Indirect Patient Care Provider</b>	A healthcare worker who provides a service or support to the environment or equipment that will eventually come into contact with the patient.
<b>Resident Organisms (flora)</b>	Organisms that are always present on or in the body and not easily removed by mechanical friction.
<b>Transient Organisms</b>	Organisms that may be present in or on the body under certain conditions for certain lengths of time and easily removed by mechanical friction. These organisms are usually acquired from patient or environmental contact.

## PROCESS & PROCEDURES

### Hand Hygiene Technique

Hand hygiene may be performed with traditional hand washing with soap and water.

- When washing, wet hands first with water;
- Then, apply an amount of product recommended by the manufacturer to hands and rub hands together vigorously for at least 20 seconds, covering all surfaces of the hands and fingers;
- Rinse hands with water and dry thoroughly with a disposable towel;
- Use towel to turn off the faucet;
- Avoid using hot water, because repeated exposure to hot water may increase the risk of dermatitis.

Hand hygiene with an alternative agent, such as a CDC recommended (60%-90%) alcohol-based hand rub (gel or foam) is acceptable. When decontaminating hands with an alcohol-based hand rub,

- Apply product to palm of one hand and rub hands together, covering all surfaces of hands and fingers, until hands are dry;
- Follow the manufacturer's recommendations regarding the volume of product to use;
- The product may be used 8-10 times consecutively before traditional hand washing with soap and water is required.

#### PLEASE NOTE:

**Alcohol-based hand rub is not effective against spore-forming bacteria (i.e. *Clostridium difficile*, *Bacillus anthracis*) or most gastrointestinal viruses (i.e. *Norovirus*) – hand hygiene with soap and water is required when handling specimens or caring for a patient known or suspected to have one or more of these pathogens.**

- Hand hygiene will be performed upon entering and leaving a patient room

#### Indications for Hand Washing and Hand Antisepsis

- A. When hands are visibly dirty or contaminated with proteinaceous material or are visibly soiled with blood or other body fluids, wash hands with an antimicrobial soap and water.
- B. Before eating and after using a restroom, wash hands with a non-antimicrobial soap and water or with an antimicrobial soap and water.
- C. If hands are not visibly soiled, use an alcohol-based hand rub for routinely decontaminating hands and/or wash hands with an antimicrobial soap and water in the following clinical situations:
  1. Before having direct contact with patients.
  2. After contact with a patient's intact skin (e.g., when taking a pulse or blood pressure, and lifting a patient).
  3. After contact with body fluids or excretions, mucous membranes, non-intact skin.
  4. After contact with inanimate objects (including treatment room and medical

- equipment) in the immediate vicinity of the patient.
5. Before donning and after removing gloves.
    - o Remove gloves after caring for a patient. Do not wear the same pair of gloves for the care of more than one patient, and do not wash gloves between uses with different patients.

#### **Other Aspects of Hand Hygiene**

- A. Do not wear artificial fingernails, including gel overlays, extenders, or embellishments when having direct or indirect patient contact.
- B. Keep natural nail tips less than 1/4-inch long. Keep polish in good repair.
- C. Germs can live under artificial fingernails both before and after using an alcohol based hand sanitizer and handwashing.
- D. Avoid rings with settings and excessive jewelry.

#### **Facilities**

Campus leadership reviews facilities to ensure that hand hygiene stations, including sinks, are appropriately and conveniently located.

#### **Inability of Healthcare Workers to Perform Hand Hygiene**

Hand hygiene is an essential component of a healthcare workers job responsibilities (e.g. direct and indirect patient care providers), and the healthcare worker must be able to appropriately perform hand hygiene. Adequate hygiene of the hands and forearms can be impeded by prosthetic devices (e.g. casts and braces) that cannot be removed. Therefore, if a healthcare worker is required to wear such devices, he/she is evaluated by the Safety Officer on a case by case basis to determine if the healthcare worker can participate in direct patient care duties. If Safety Officer determines that the healthcare worker cannot perform direct patient care duties, it will be the responsibility of the Safety Officer to decide whether or not non-patient care duties can be performed by the healthcare worker.

#### **Dermatitis**

Healthcare workers with dermatitis related to hand hygiene or glove use are encouraged to report the problem to the Safety Officer. Follow-up will vary with the severity of the dermatitis. A change in the type of hand hygiene agent and/or gloves used by the healthcare worker or work restrictions will take place only after the approval of Safety Officer

#### **Lotion**

Lotion will be supplied in the clinical settings. Lotions brought in from home are not allowed in the clinical settings as they may not be compatible with other hospital-approved hand hygiene products and/or gloves.

#### **Patients/Families/Visitors**

Healthcare workers will educate patients, families and visitors on hand hygiene.

#### **REFERENCES, SUPPORTING DOCUMENTS, AND TOOLS**

Guideline for Hand Hygiene in Healthcare Settings, retrieved from  
<http://www.cdc.gov/handhygiene/providers/guideline.html>



**RELATED POLICIES**

Intentionally left blank.

**APPROVED BY**

Safety Officer, Director of Clinical Services

**Date:** 07/27/2020

Office Director of Clinical Services

Policy No.: 03

Policy Sponsor: Safety Officer

Originally Issued: 07/27/2020 Last Revision: 07/27/2020 Last Review: 07/27/2020 Next Review:  
07/27/2020

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## Appendix D – Policy No. 04 Personal Protective Equipment

**Policy Owner: Safety Officer**

### **POLICY STATEMENT**

The appropriate PPE is worn when the risk of contact with blood, body substances or infective material is anticipated. The Safety Officer will assess the type and quantity of Personnel Protective Equipment (PPE) required for specific department(s), will ensure that the PPE is available for all staff, healthcare workers, visitors and patients. Training on appropriate PPE, proper use, location, removal, handling, cleaning, decontamination and disposal will be provided by the safety officer.

### **AFFECTED STAKEHOLDERS**

*Indicate all departments and persons within the college that are affected by this policy:*

- Administrative Staff
- Temporary/Staffing Agency Staff
- Faculty
- Clinic Supervisors
- Clinic Interns, Co-treating Intern, Assistant, Observer
- Vendors/Contractors
- Other:

### **DEFINITIONS**

Intentionally left blank.

### **PROCESS & PROCEDURES**

#### **Personal Protective Equipment (PPE)**

1. Gloves
2. Scrubs or Gowns
3. Masks/N95 Respirator/KN95 Respirator
4. Protective eyewear (e.g. goggles, face shields on masks, face shield visors, and prescription glasses with side shields)
5. Shoe covers (these items are necessary only when large volumes of blood or body substances are encountered)

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Office Director of Clinical Services

Policy No.: 04

Policy Sponsor: Safety Officer

Originally Issued: 07/27/2020

PacificCollege.edu

**Last Revision:** 08/06/2020  
**Last Review:** 08/06/2020  
**Next Review:** 07/27/2021

## **PROCESS & PROCEDURES - Continued**

### **Gloves**

Gloving is particularly important for persons with non-intact skin, i.e. cuts, abrasions, skin lesions or chapped hands. Gloves are considered a single patient use item and should be changed in between patients.

### **Types of Gloves Available**

The following types of gloves are available for use at Pacific College of Health and Science:

1. Latex-free.
2. Specialty gloves, such as the heavy-duty utility gloves for facilities personnel.

### **Indication for Glove Usage**

1. Gloves (clean) are worn when a reasonable likelihood of contact with blood, body substances, secretions, excretions, mucous membranes or non- intact skin is anticipated.
2. Gloves are donned immediately before starting a procedure or task and not sooner. This ensures that the gloves do not touch potentially contaminated surfaces.
3. Gloves are required when contaminated items or surfaces are handled.
4. Gloves are removed immediately after use, before touching non-contaminated surfaces or other patients and hand hygiene is performed immediately.
5. Gloves are changed between patients.
6. Gloves, regardless of type, do not take the place of hand hygiene.
7. Gloves are changed if holes, cracks, or tears are present.
8. Gloves are required for specific jobs and duties and during outbreak control measures.
9. When wearing a gown, the cuffs of the gloves are placed over the gown cuffs.

**Note:** Gloves are worn only when necessary. The use of gloves as a protective substitute for hand hygiene creates a false sense of security. This results in less hand hygiene and increases the risk of transmission of pathogens. Despite the use of gloves, hands can still become contaminated:

1. The growth of microorganisms already present on the hands is promoted by the warm, moist environment created when wearing gloves.
2. Hands frequently become contaminated when removing gloves.
3. Gloves may have microscopic perforations or may tear during use, allowing some penetration of microorganisms.

In addition, the inappropriate and excessive use of gloves contributes to skin problems and allergies related to glove use.

### **Proper Removal of Gloves**

1. Grasp outside of glove with opposite gloved hand; peel off.
2. Hold removed glove in gloved hand.
3. Slide fingers of ungloved hand under remaining glove at wrist.
4. Peel glove off over first glove.

5. Discard gloves in appropriate waste container.

### **Gowns**

1. Gowns are worn when the risk of being splashed or otherwise contaminated with **small** amounts of infective material is anticipated (i.e. the splash is unlikely to penetrate through the gown) and as required.

### **Indication for Gown Usage**

1. Gowns are used if a high risk of splashing or spraying or contamination by direct contact with blood or body substances is anticipated.
2. All gowns are removed promptly (before leaving the immediate work area) when contaminated with blood or body substances and discarded in the appropriate receptacles.
3. Keep the gown off the floor, touch only the inside of the gown, and tie in back and clothing must be covered completely.

### **Proper Removal of Gowns**

1. Unfasten ties.
2. Pull away from neck and shoulders, touching inside of gown only. (*Gown front and sleeves are contaminated*).
3. Turn gown inside out.
4. Fold or roll into a bundle and discard into appropriate receptacle.

### **Masks /N95 or higher-level respirator**

#### **Indication for Mask Usage**

1. Masks are worn during procedures that may cause the splashing or spraying of body substances.
2. Masks are removed and discarded immediately after each use.
3. Put on a mask before donning gloves and press the metal tab on the nose bridge to ensure a secure fit. Tie in such a way that there is no venting on the sides and chin area.
4. Surgical masks are used for Droplet Precautions and an N95 mask is used for Airborne Precautions.

#### **Proper Removal of Mask**

1. Grasp bottom ties, then top ties or elastics and remove. (Front of mask/respirator is contaminated, **DO NOT TOUCH**).
2. Discard in appropriate waste receptacle.

### **Protective Eyewear**

Safety glasses and mask or a mask and face shield may be worn depending on the amount of protection required.

A mask and protective eyewear (e.g. glasses, goggles, or face shield) are indicated when splashing or

spraying of body substances into the mouth, nose or eyes is possible and/or can be anticipated.

Goggles and/or masks with a fluid shield extension are available in all patient care areas. If prescription glasses are used as protective eyewear, glasses with side shields are required or cover prescription eyewear with safety goggles.

1. Put on protective eyewear after putting on mask but before donning gloves if splashing or spraying of blood or body substances is anticipated.
2. Reusable protective eyewear/face shield are removed and cleaned immediately with the hospital-approved disinfectant; one-time use protective eyewear is removed and discarded.
3. If prescription glasses are to serve as PPE, a face shield will be provided in addition.
4. Non-disposable goggles and face shields are disinfected with the EPA approved disinfectant after each use.

### **Shoe Covers**

Shoe covers should be worn if splashing or spraying of blood or body substances is anticipated.

### **Additional Barrier Apparel or Personal Protective Equipment**

Appropriate barrier apparel or personal protective equipment (PPE) is used when indicated by the work setting (e.g. a patient treatment room), the procedure, (e.g. when aerosolization, spraying, or splashing of body substances are reasonably expected) or the patient's condition (e.g. the patient has tuberculosis).

### **Disposal of Personal Protective Equipment**

PPE (where physical contact occurs between patient & clinician) is removed upon completion of each patient contact requiring its use. It is not to be saved for reuse. Disposal is performed in a manner that minimizes hand, skin, clothing, and environmental contact with body substances on PPE. Disposable PPE is discarded in waste receptacles lined with plastic bags; non-disposable linen PPE is placed in plastic fluid-resistant bags. Hands are washed before leaving the room/area where the contact occurred.

*PERFORM HAND HYGIENE IMMEDIATELY AFTER REMOVING ALL PPE.*

### **REFERENCES, SUPPORTING DOCUMENTS, AND TOOLS**

Intentionally left blank.

### **RELATED POLICIES**

[Hand Hygiene Policy](#)

### **APPROVED BY**

Safety Officer, Director of Clinical Services

**Date:** 08/17/2020

## **Appendix E: COVID-19 Screener Guide**

### **Personal Protective Equipment for Screeners**

Level 1 procedure mask: Use one per person per day. The mask should be on continuously throughout shift with removal for breaks or lunch. Discard level 1 procedure mask if visibly soiled, wet, or damaged or at the end of your shift.

Eye Protection (goggles/face shield/eye shield– varies by site) these are reusable and should be cleaned with germicidal wipes in-between team member use. Use soap and water or alcohol swab to clear any foggy residue left behind on eye protection after cleaning.

Non-sterile gloves: Gloves should only be changed if contaminated or exposed to mucus membranes. Hand hygiene between each patient in place of gloves is also acceptable. Gloves and/or increased hand hygiene are required when taking temperature even if using a thermometer type that does not touch the other person (ex: infrared thermometer).

### **Resources to Contact**

If you need help with nuanced cases that need leadership decisions or if you have questions/concerns during your screening shift, contact the Director of Clinical Services or the Campus Director using the Pacific College's phone system.

### **Documentation**

Screeners will keep a log of each screening in the screening binder. If an employee or student screens positive for a temperature and/or one of the daily symptoms, the information will be provided to the Director of Clinical Services and Campus Director.

## Entry Point COVID-19 Screening Daily Checklist

### Best practice recommendation for entry point site screening stations during covid-19 visitor restrictions:

To ensure the operational implementation of recent covid-19 visitor restrictions protocols, a practice of designated leadership support (director or above) and a periodic presence at site level entry points is being recommended. This recommendation is based on ensuring team members have appropriate understanding of most current covid-19 protocols as well as the latest tools and resources to execute protocols consistently. Identify and resolve site specific challenges and barriers that arise during screening shift.

### Before starting new screener shift – Prepare

- Learn about screening process, updated materials and information by reviewing our Pandemic Preparedness Plan
- Talk with existing screeners to identify any new concerns/challenges from previous shift.
- Print any updated signage, screening logs or forms.

### Social Distancing Practices – Create a conducive space

- Ensure visual cues are in place with appropriate distance in between markers: 6 feet apart
- Signage

### Screening Resources

- Most current screening forms
- Scripting resources
- Thermometers
- Cleaning supplies for thermometer (based on thermometer type)
- Site approved Disinfectant wipes
- Leader/Department phone numbers for assistance during shift

### PPE for Screeners

- Level 1 Mask with ear loops
- Eye protection (reuse with cleaning)
- Single use gloves (for temperature takers only based on thermometer type)



## Infrared Thermometer (Medsource or similar)

**On/Scan button:** Press and release to turn on or scan

**Memo Button:** Press the memo button to reveal the last completed temperature.

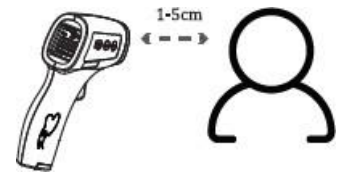
**Mode Button:** Change between Body, Ambient and Object reading modes. Should be set on Body

**Screen:** Screen will light up with a color do indicate Normal, Medium or High temperature. Make sure to read actual temperature and compare it with screening algorithms. Do not go on color alone.



### TO TAKE A TEMPERATURE

1. Turn on thermometer by pressing the On/Screen button. The thermometer will perform a self-test with all segments displayed for 2 seconds.
2. Ask person to remove any hats or hold back hair so that you have direct access to their forehead.
3. Align the thermometer with the middle of the forehead. Aim for between the eyebrows. Thermometer should be closer than 2 inches to person without physical touching the skin.
4. Press the on/scan button, temperature will display immediately.
5. Wait at least 5 seconds between each temperature taking to ensure accuracy



### TO CLEAN THERMOMETER

#### Between temperature taking of each person

No cleaning is necessary as the equipment should not touch the person

#### Between screeners (not dependent on hours in shift)

This thermometer may be cleaned with any wipe (peroxide, bleach, PDI, used at the site. It should not be soaked or submerged. Allow for contact time and dry time as listed on the cleaning product

#### Getting a suspiciously low or high temperature?

- Try taking the temperature behind the ear in the "perfume spot".
  - Ensure that the mode is set to "Body"
  - Are you taking temperatures too fast? Wait at least 5 seconds between each temperature reading
  - Are you too far away? Optimal distance is 1 cm away without touching the skin
  - Does the screen flicker and turn off? Replace battery
  - Wait at least 30 minutes before use if thermometer has come from a different area with a lower or higher temperature.
  - Contact site leadership if you suspect the thermometer has lost its calibration and needs recalibration
- \*\* If you suspect that the temperature you took is too low, use your site resources to validate a correct temperature. Do not allow a visitor or employee to "pass through" without verification. For patients, error on side of caution and mask and isolate patient. \*\*

### Daily Symptoms Check List

- Do you have a **Fever** (temperature of 100° F or over) without having taken any fever reducing medications?

In the last 14 days, have you experienced any new symptoms of the following nature:

- Do you have a **Loss of Smell or Taste?**
- Do you have a **Cough?**
- Do you have **Muscle Aches?**
- Do you have a **Sore Throat?**
- Do you have **Shortness of Breath?**
- Do you have **Chills?**
- Do you have a **Headache?**
- Have you experienced any gastrointestinal symptoms such as **nausea/vomiting, diarrhea, loss of appetite?**
- Have you, or anyone you have been in close contact with been diagnosed with COVID-19, or been placed on quarantine for possible contact with COVID-19?
- Have you been asked to self-isolate or quarantine by a medical professional or a local public health official?

**Employee/student screening algorithm:**

If an employee or student says yes to one of the symptoms on the daily checklist or has a temperature over 100.0 degrees F (37.8 degrees C)

Yes, temp is at or over 100.0 degrees F and/or have said yes to one of the symptoms.

No, temp is below 100.0 degrees F and said no to all of the symptoms.

Screening Failed

Supply employees with "COVID Yes to Symptoms" handout.

Inform the Director of Clinical Services and Campus Director.

Screening Passed

Allow Entrance.

Give the employee a sticker with the date and the screener's initials to wear for

**For patients who have failed the screening:**

- Tell the patient why they failed the screening and provide them with a surgical mask.
- Tell the clinic reception desk to tell them the patient has failed the screening.
- Send the patient home.
- The clinic reception desk will call the patient to reschedule.

**For any visitors who have failed the screening:**

- Tell the visitor why they failed the screening and provide them with a surgical mask.
- Call the staff member who they have an appointment with to let them know the visitor has

## Yes to Symptoms Handout

So, you answered yes to one of the symptoms on the daily symptoms check list. What do you do now?

1. Do not report to your worksite.
2. Go home and self-quarantine.
3. The screeners will notify the Campus Director and the Campus Safety Officer. The Campus Director and/or the Campus Safety Officer will notify the employee's direct supervisor.
  - If the employee feels well enough, they can continue to telework
  - If the employee does not feel well enough to work, there are several paid leave options. The VP of Human Resources and Finance will contact the employee to discussed which benefits are applicable.

Returning to work after a failed screening:

1. Employees who fail screening:
  - a. Should not report to the worksite.
  - b. Contact your healthcare provider. If you have severe symptoms, you should call 911.
  - c. Follow the guidance provided by your primary care physician.
  - d. You may be required to have a clear test to be allowed to return to campus
  - e. You must be cleared to come back to work based on guidance from your primary care physician. You will need to still need an on-campus health screening on the next required in-person workday.
2. Documentation (i.e. doctor's note, leave request form) may be required based on how long you must be off work and/or the type of leave needed. Employees will be informed by HR prior to return to work of any documentation required.

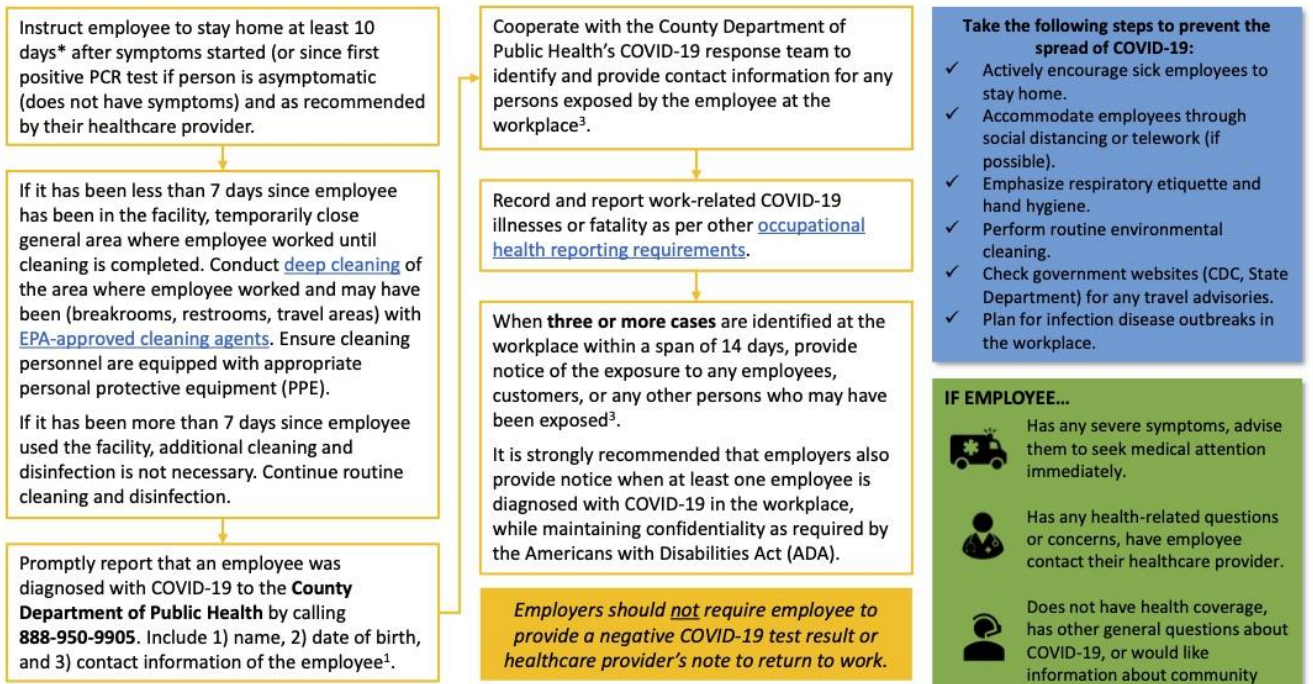
Refused screening:

1. If an employee refuses screening for any reason, the employee will be immediately referred to the Campus Safety Officer and Campus Director, HR will be consulted if assistance is needed.
2. If the refusal is based on religious exemption or other protected reasons, the employee will be referred to the Campus Safety Officer and Campus Director, HR will be consulted regarding appropriate status.



CORONAVIRUS DISEASE 2019 (COVID-19)

FLOWCHART IF AN EMPLOYEE IS SUSPECTED OR CONFIRMED POSITIVE FOR COVID-19<sup>1,2</sup>



RETURN TO WORK WHEN:

- At least 10 days\* since start of symptoms (or since first positive PCR test if person is asymptomatic) **+**
- At least 24 hours since the last fever without the use of fever-reducing medications **+**
- Improvement in symptoms

\*Isolate for 20 days for patients with severe to critical illness or who are severely immunocompromised.  
<sup>1</sup> See [COVID-19 Employer Playbook for a Safe Reopening](#) for more information.  
<sup>2</sup> See [COVID-19 Industry Guidance: Schools and School-Based Programs](#) for more information.  
<sup>3</sup> As per [San Diego County Public Health Order](#).

Revised 08/03/2020

## Managing Lines and Queues

As checkpoints for visitors, patients, and staff are established, bottle necks and lines may form. It is necessary to maintain 6-foot social distancing spacing when offered visual cues to do so.

- ☑ Stickers or taping on the floor
  - Easily applied on tile and concrete surfaces.
  - Options for use carpets can be found.
  - Consider how cleaning supplies and methods will affect the material used.
  - Always involve your facilities manager before choosing or applying any product.

The 6-foot interval is across the line as well as within the line.

## Universal Masking

Universal masking requires everyone entering Pacific College to wear a mask in accordance with Centers for Disease Control and Prevention recommendation and the college's Pandemic Preparedness Plan. Anyone unwilling to wear a mask will not be permitted to enter. The screening station will contact the Director of Clinical Services and Campus Director to inform them of refusal. Masks must be kept on for the entire time while on the premises.

<b>Group/Mask Type</b>
<p><b>Patients</b> Level 1 mask if patient does not bring their own mask. Patient may wear own appropriate mask regardless of screening results.</p>
<p><b>Employees/Students/Visitors/Guests/Vendors</b></p> <ul style="list-style-type: none"> <li>• Failed Screen or Fever: Not allowed on site; given Level 1 procedure mask for leaving the building</li> <li>• Passed Screen and No fever: Level 1 mask if they do not already have their own appropriate mask</li> <li>• Health care providers will wear a KN95 mask during clinic shift.</li> </ul>
<p><b>Homemade Masks</b> Approved homemade masks can be given to patients/visitors/team members for use at our facilities. Anyone that passes screening may wear cloth masks into the facility if they brought them from home.</p>
<p><b>Exceptions to Masking</b> Exceptions will be made when the risk outweighs benefits and patient/visitor would experience harm if required to wear a mask</p> <ul style="list-style-type: none"> <li>• Safety = CDC recommends that Cloth face coverings should not be placed on young children under age 2, anyone who has trouble breathing, or anyone who is unconscious, incapacitated or otherwise unable to remove the mask without assistance.</li> </ul>

## Appendix F – Aerosol Transmissible Diseases Referring Employer Model Written Procedures

### Aerosol Transmissible Diseases Referring Employer Model Written Procedures

This document contains information that requires font color attributes to be turned on in screen reader settings. Checkboxes cannot be checked by assistive technology users without further document conversion.

California Code of Regulations, title 8, section 5199, the Aerosol Transmissible Diseases (ATD) standard applies to employers who have employees with occupational exposure to infectious diseases that spread by inhalable particles and droplets. Covered employers are required to protect their employees from infection by establishing and implementing a set of written procedures. The ATD standard is unique to California. Currently there is no federal OSHA ATD standard, and no other state has a specific standard covering ATDs.

Employers must establish written programs or procedures depending on which category they fall into:

- Employers who must comply with the full standard
- Referring employers
- Laboratories

For assistance on determining which category you are in, please see Cal/OSHA's guidance document "[The California Workplace Guide to Aerosol Transmissible Diseases](#)," available on the [Cal/OSHA Publications webpage](#): [www.dir.ca.gov/dosh/puborder.asp](http://www.dir.ca.gov/dosh/puborder.asp).

Employers who must comply with the full standard must establish, implement, and maintain an effective written ATD Exposure Control Plan. If you are a full-standard employer, please download the "[Aerosol Transmissible Diseases Model Exposure Control Plan](#)" at [www.dir.ca.gov/dosh/dosh\\_publications/ATD-Exposure-Control-Plan.docx](http://www.dir.ca.gov/dosh/dosh_publications/ATD-Exposure-Control-Plan.docx).

Employers who meet the standard's definition of referring employers (see page 3) must prepare certain written procedures but do not need to create a full ATD Exposure Control Plan. If you are a referring employer, then you may use this blank template for ATD procedures.

If you are a laboratory, this is not the correct model program for you. Instead, please download the "[ATD Model Laboratory Biosafety Plan](#)" at [www.dir.ca.gov/dosh/dosh\\_publications/ATD-Biosafety-](http://www.dir.ca.gov/dosh/dosh_publications/ATD-Biosafety-)



Plan.docx. Laboratories that perform procedures that are reasonably likely to generate aerosols of ATP-Laboratory but employees do not have contact with ATD cases, suspected cases, or potentially infected cadavers must prepare a written biosafety plan but do not need to create a full ATD Exposure Control Plan. Laboratories where employees do have direct contact with confirmed or suspected ATD cases or with potentially infected cadavers are full-standard employers and must prepare both a biosafety plan and an ATD Exposure Control Plan.

Although the procedures in this document contain all the required sections, they are not complete. This is only a blank template that employers may customize to create their own procedures. The employer must carefully think about how to implement requirements. If the employer does not fill in the program and tables with their own information and procedures and check the appropriate boxes, then the document does not fulfill the requirements for a written plan.

Using these model programs does not guarantee that your program will meet regulatory requirements, but it will help in development of the programs.



**Cal/OSHA Publications Unit**  
**January 2020**

## Aerosol Transmissible Disease Procedures Required for Referring Employers

### For Pacific College of Health and Science

Date created: July 26, 2020

Date of last review: July 26, 2020

### Contents

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### Determining if You Are a Referring Employer

You are a referring employer under 8 CCR 5199 if you meet all of the following criteria:

- ✓ Screen persons for airborne infectious diseases (AirID).
- ✓ Refer any person identified as a case or suspected case of AirID to another health care provider for treatment.
- ✓ Do not intend to provide further medical services to AirID cases and suspected cases beyond first aid, initial treatment or screening, and referral.
- ✓ Do not provide transport, housing, or airborne infection isolation to anyone identified as an AirID case or suspected case unless the transport provided is only non-medical transport in the course of a referral.

People identified or suspected as having an illness requiring droplet precautions do not need to be referred for treatment.

For more help on determining if you are a referring employer or a full-standard employer, see “The California Workplace Guide to Aerosol Transmissible Diseases” publication. You may also refer to that publication for more information regarding requirements of referring employers.

All four criteria apply to my establishment so I am a referring employer under section 5199 and I am able to use this model program to create my procedures.

Referring employers are required to establish, implement, and maintain effective written procedures containing specific elements to reduce the risk of transmission of aerosol transmissible diseases (ATD) to employees. These written procedures must be available to employees at the workplace.

The written procedures on the following pages include the following information:

- Designation of the Administrator
- Infection Control Procedures to Control the Risk of Transmission of Aerosol Transmissible Diseases
- Source Control Procedures
- Screening and Referral Procedures
- Procedures to Communicate with Our Employees, Other Employers, and the Local Health Officer Regarding the Known or Suspected Infectious Disease Status of Referred Patients
- Procedures to Reduce Risk of ATD Transmission While the Person Requiring Referral is in the Facility
- System of Medical Services

## Designation of the Administrator

We are required to assign an administrator who will be responsible for implementing these procedures. This person is knowledgeable in infection control principles as they apply to our facility, service, and operation.

In our facility, the administrator of the infection control procedures for aerosol transmissible diseases is:  
Safety Officer/Director of Clinical Services

When the administrator is not present at the workplace, the following person is designated to act on the administrator's behalf: Campus Director

## Infection Control Procedures to Control the Risk of Transmission of ATDs

We conduct a risk assessment of all the job classifications at our workplace to determine which of our employees have occupational exposure to ATDs. We examine the job duties of all of our employees, being careful not to forget those in administrative, maintenance, custodial, security, dining, transportation, and other job classifications, as applicable.

Occupational exposure is defined in 8 CCR 5199 as exposure from work activity or working conditions that is reasonably anticipated to create an elevated risk of contracting any disease caused by aerosol transmissible pathogens (ATPs) or aerosol transmissible pathogens-laboratory (ATPs-L) if protective measures are not in place. In this context, "elevated" means higher than what is considered ordinary for employees having direct contact with the general public outside of the facilities, service categories, and operations listed in subsection (a)(1) of this standard.

(check only if applicable) We are not a health care provider, so when we conduct the risk assessment, we consider employees to have occupational exposure if they are reasonably anticipated to have exposure risk higher than that of employees who work in public contact operations that are not covered under the scope of this standard, such as retail clerks or bus drivers.

Our employees in the following job categories have occupational exposure to ATDs:

- Employees in classification A- classification A lists all jobs that has occupational exposure to blood or OPIM on a regular basis, and in which such exposures are considered normal course of work/
- Employees in classification B- classification B list all jobs in which employees may have an occasional exposure to blood or other potentially infectious materials, and in which such exposures occur only during certain tasks or procedures that are collateral to the normal job duties.
- Employees in classification C- classification C list all jobs in which employees have very low risk of exposure to blood or other potentially infectious materials, and in which such exposures occur only during certain tasks or procedures that are collateral to the normal job duties.

Employee ID	Last Suffix First Middle	Position	OSHA Classification
2393	Tang-Ritchie Leng G	Dir Clinical Services	A
2009	Leyva-Padilla Brenda	Building Facilities Manager	A
2424	Reuss Deborah L	Academic Dean Undrgrad Studies	A
3172	Lane Gregory	Dean of Graduate Faculty	A
3674	Contreras Jose F	Maintenance Associate	A
80	Phillips Donald G	Asst to Academic Dean Grad Std	A
9342	Clark Carey S	Director of Nursing	A
3253	Walker Kaitlin M	TA DACM	A
3516	Chang Sophia	TA MSTOM	A
3611	Greenan Shawn	TA DACM	A
3642	Vickery Dia	TA DACM	A
9306	Davis Elisabeth S	TA MSTOM	A
9340	Rainer Maria L	TA DACM	A
9362	van Maarth Robin M	TA DACM	A
9403	Zhao Chutima	Teaching Assistant	A
1713	Wang Minchen	Clinic Supervisor	A
1839	Douat Joseph A	Clinic Supervisor	A

9341	Razutis Valerie D	Clinic Supervisor	A
9299	O'Brien McKenzie	FWS Herbal Disp	A
105	Livermore Tracie A	Faculty Member	A
117	Sheir Warren C	Faculty Member	A
240	Bender Brian J	FT Faculty Member	A
1304	Huang Tantan	Faculty Member	A
1361	Wang Yuan	Faculty Member	A
1477	Tuton Mary	Faculty Member	A
1617	Austin Catherine A	Faculty Member	A
1618	Hurtado-Langner Anna G	Faculty Member	A
1683	Javaherian Mohammad	FT Faculty Member	A
2108	Roberg Jason L	FT Core Faculty Member	A
2202	Livni-Hersh Osnat	Faculty Member	A
2225	Williams Melinda L	Faculty Member	A
2269	Ji Dong	FT Faculty Member	A
2364	Allen David L	Faculty Member	A
2389	Wong Jacqueline Y	Faculty Member	A
2418	Mossay Jamie R	Faculty Member	A
2420	Cronin Christine W	FT Core Faculty Member	A
2513	McNulty Michele C	Faculty Member	A
2544	Hayden Lauren M	Faculty Member	A
2568	Halpain Daniel D	FT Core Faculty Member	A
2569	Duchnowski Nicholas L	Faculty Member	A
3208	Kuo Shu	Faculty Member	A
3216	Armstrong Ian	Faculty Member	A
3238	Ramos Maria-Cristina	Faculty Member	A
3250	Lang Anthony J	Faculty Member	A
3252	Gogia Prana	Faculty Member	A

3338	Smith Anna K	Faculty Member	A
3511	Wilcox Jerrame M	FT Core Faculty Member	A
3567	Pagones Rachel	FT Core Faculty Member	A
3580	McClure Tamara	Faculty Member	A
3598	Flowers Laura	Faculty Member	A
3659	Martin Ginger E	Faculty Member	A
3665	Drolet Kimberly	Faculty Member	A
9266	Chen Uzi	Faculty Member	A
9268	Pigeon Sarah M	Faculty Member	A
9277	Pruginin Yaron	Faculty Member	A
9294	Ali Akreyi Aida	Faculty Member	A
9339	Cernohous Sarica C	Faculty Member	A
9347	Alderson Rebecca D	Faculty Member	A
9377	Murphy John E	Faculty Member	A
9399	Boice Judith L	Faculty Member	A
9401	Parmelee Rachel A	Faculty Member	A
9405	Theisen Eloise	Faculty Member	A
9407	Nooravi Shahrzad	Faculty Member	A
9413	DeMarco Jennifer R	Faculty Member	A
3370	Alilin Sasha M	Clinic Ops Supervisor	A
9324	Lovato Eduardo L	Clinic Receptionist	A
3275	Powers Teri C	Campus Director	B
317	Floyd Cindy M	Office Manager	B
9316	Romero Mario A	Receptionist/Admin Asst	B
172	Allen Marilyn	Faculty Member	B
228	Haradin-Phillips East	Faculty Member	B
290	Talmor Ariel	Faculty Member	B
1014	Helm William	Faculty Member	B

1684	McCoy Leslie A	Faculty Member	B
1791	Holdwick Aimee C	FT Core Faculty Member	B
2258	Silengo Matthew T	FT Core Faculty Member	B
2328	Stojanov Grace J	Faculty Member	B
9335	Meyerowitz Adam E	Faculty Member	B
2336	Stevens Samantha N	Cataloging Librarian	C
3281	Elefano Elaine D	Assoc Dir of Student Serv	C
3316	Marsden Erica L	Academic Advisor Online Doct	C
3376	Corona Ruby	Admin Asst	C
3422	Monroe Sabrina J	Senior Admissions Rep	C
3494	Lowery Jasmine	Admissions Rep	C
3498	Roberts Jeannine	Bursar	C
3501	Cobbs Aletra	Director Admissions	C
3528	Phouthavone Deanna	Admissions Rep	C
3605	Leon Dulce E	Asst to Registrar	C
3633	Benefiel Patricia A	Dean Libraries	C
3670	Fisher Liesl	Admissions Rep	C
9263	Leitner Aria A	Admissions Coordinator	C
9305	Rosas Jaimie N	Admissions Coordinator	C
9364	Owens Janna L	Academic Admin Asst	C
9421	White Jordan D	Events Coordinator	C
9422	Villachica Danny J	Admin Asst	C
192	Gomes Stacy	VP Academic Affairs	C
220	Creney Shanna J	Corp Student Accts Manager	C
1029	Miller Jack	President	C
1772	Miller Leanne	Admin Asst	C
3346	Smith Beatrice R	VP Financial Aid	C
3382	Johnston Jessica C	VP of HR & Finance	C



3386	Russo Gregory D	VP of IT	C
3445	Diaz Alexander	IT Systems Manager	C
3448	Paniagua April-Dawn L	VP of Admissions	C
3480	Zhang Ronghuan	Jr System Administrator	C
3636	Turotte Nathalie	VP Marketing	C
3639	Jerred Kevin	Institutional Research Analyst	C
3667	Le Truong	Web Database Developer	C
3668	Bennett Dylan	Helpdesk Technician	C
9303	Felix Martha	Financial Aid Officer	C
9323	Delgadillo Adriana P	Financial Aid Officer	C
9327	Pompa Danielle R	Financial Aid Officer	C
9332	McElroy Michelle	HR Payroll AP Manager	C
9385	Vasquez Mirna	HR Payroll AP Rep	C
9404	Respicio Creusarth	Bursar	C
9409	Williams Erroll R	Financial Aid Officer	C
9275	Fayne Godfrey	FWS Career Service Asst	C
9296	Cabales Kristina A	FWS Tutor	C
9356	Houdek Cathryn B	FWS Tutor	C
9418	Hamano Keiko	FWS Tutor	C
9419	Anderson Hannah L	FWS Tutor	C
1975	Thomas Miles M	TDACM Faculty	C
2462	Meade Somer L	Faculty Member	C
3203	Hope Kathlene T	Faculty Member	C
3206	Moreau Gerard A	Faculty Member	C
3306	Furman Bertram	Faculty Member	C
3416	Mizumoto Sherry L	Faculty Member	C
3423	Kian Lena	Faculty Member	C
3436	Mishoulam David J	Faculty Member	C

3437	McCandless George E	Faculty Member	C
3458	Hashemipour Moussavi Mohammad	TDACM Faculty	C
3544	Brock William	Faculty Member	C
3549	Guptha Soneil	Faculty Member	C
3576	Grieve Thomas	TDACM Faculty	C
3597	Olson Juli	TDACM Faculty	C
3613	Steinbach Gregory	Faculty Member	C
3616	Hoffman Kenneth	TDACM Faculty	C
3638	Kulikov Tara M	TDACM Faculty	C
3640	Wasserman Tuesday	TDACM Faculty	C
9285	Bishop Cameron	TDACM Faculty	C

When people exhibit symptoms of an aerosol transmissible disease, they may contaminate surfaces with infectious pathogens. Therefore, surfaces must be cleaned and disinfected to reduce the risk of transmitting disease to employees or others. Surfaces include equipment, work areas, and vehicles that were used to transport people with ATD symptoms.

The following employee(s) are responsible for cleaning and disinfection:

- Clinical staff are responsible for cleaning commonly touched areas in the clinic through-out the workday.
- Clinical Supervisors are responsible ensuring that clinical students properly clean and disinfect treatment rooms between each patient.
- Facilities are responsible for cleaning the tables and chairs after each class meeting.
- All employees are responsible for cleaning their own workspace.
- Facilities will maintain a third-party cleaning crew to clean and disinfect all college building on a routine basis.

We use the following EPA-registered product(s) to perform this cleaning and disinfection:

- McKesson Disposable Germicidal Surface Wipes, FDA Registration Number:70144-2-80366
- Facilities

We will clean and disinfect the following surfaces, equipment, and objects (include locations when appropriate, i.e., rooms and vehicles):

- Commonly touched surfaces of the clinic
- Treatment rooms
- Restrooms
- Classrooms
- Employee workspaces
- Hallways and communal space

on the following schedule (*e.g., after contact with a symptomatic person, after every patient, at the end of each day*):

Spaces will be cleaned after contact with a symptomatic person. See Blood Borne Pathogen Control Procedure.

For regularly scheduled disinfecting:

- Commonly touched surfaces of the clinic: at minimum, 3 times per day
- Treatment rooms: after every patient
- Restrooms: once per day
- Classrooms: after every class meeting
- Employee workspaces: as needed throughout the day
- Hallways and communal space: once per day

### Source Control Procedures

If we observe respiratory infection symptoms in a patient or other person who has entered our facility, we will utilize source control measures to minimize the risk that our employees will contract the illness while the suspected ATD case is in our facility. These include a combination of engineering controls, such as placing the suspected ATD case in a separate room or area; procedures, such as providing and having the suspected ATD case wear a surgical mask; and work practice controls, such as limiting contact with the suspected ATD case.

*(Check the following boxes, as applicable):*

We are a fixed-site health care facility.

We are a correctional facility.

We checked one of the above boxes. Therefore, we must incorporate the recommendations contained in the CDC's Respiratory Hygiene/Cough Etiquette in Health Care Settings. These recommendations may be found on the CDC [Respiratory Hygiene/Cough Etiquette in Health Care Settings](#) webpage.

We did not check any of the above boxes. Therefore, we will incorporate the recommendations of the CDC's [Respiratory Hygiene/Cough Etiquette in Health Care Settings](#) to the extent feasible.

Our employees utilize the following source control measures to prevent spread of aerosol transmissible pathogens (*Check all that apply*):

We use the following visual alerts (*e.g., signs*):

- Signs
- Television bulletin alerts

*(If applicable, you may download and display at the workplace the appropriate CDC "Cover Your Cough" posting[s] from the CDC [Respiratory Hygiene/Cough Etiquette in Healthcare Settings](#) webpage, [www.cdc.gov/flu/professionals/infectioncontrol/resphygiene.htm](http://www.cdc.gov/flu/professionals/infectioncontrol/resphygiene.htm).)*

We will post a sign requesting that patients and persons accompanying them inform the receptionist if they have a persistent cough.

We place the visual alerts at the following entrances and other locations:

- Door of all front entrances.
- Waiting room
- Treatment rooms
- Classrooms
- Workspaces

We will ensure that the (*job title[s], e.g., receptionists*) clinic and bookstore receptionists who may be the first employees to encounter a patient or other person entering the facility, are knowledgeable in observing for signs and symptoms of ATD.

- Provide tissues in waiting areas.
- Place a waste receptacle in waiting areas.
- Ensure handwashing facilities including soap and water are accessible to patients and visitors.
- Provide alcohol-based hand sanitizer or other antiseptic handwash in waiting areas.
- Provide individuals exhibiting ATD symptoms with a surgical mask or procedure mask and instruct them in proper use, using the following communication methods to educate the individual on the importance of the control measure without making them feel stigmatized:
  - Visual signs
  - Instruction handout (see in Pacific College's OSHA folder)
- Separate symptomatic individuals from others by placing them in a separate room that:
  - has its own separate ventilation system.
  - does not have its own separate ventilation system.
- Separate symptomatic individuals from others by distance in the same room (at least 3 to 6 feet away from others) because our facility does not have a separate room in which to temporarily place the individual(s).
- Advise health care staff to use droplet precautions (i.e., wear a surgical or procedure mask) or airborne precautions (i.e., wear an N95 filtering facepiece respirator for which the employee has been medically evaluated and fit tested), as appropriate, in addition to standard precautions when in close contact with a patient showing symptoms of a respiratory infection, particularly if fever is present.
- Limit contact with symptomatic individuals.
- Other Utilize isolation room in the event of a symptomatic individual before referring them out to the appropriate facility for treatment.

We also inform patients and others who enter our facility of our source control measures using the following methods:

- Visual signs
- Guidelines attached to appointment reminder emails

We inform our employees that an individual may have an AirID using the following procedure or methods:

- Campus wide email alerts

If a suspected AirID case refuses to or cannot comply with our source control measures, our employees will wear N95 respirators for which they have been medically cleared and fit tested when in proximity of the individual. Refer to our written Respiratory Protection Program for details.

### Screening and Referral Procedures

We do not treat patients who appear to be infected with an airborne infectious disease (AirID). Instead, we refer them to an appropriate facility for treatment and airborne infection isolation. We are not required to refer seasonal influenza cases to other facilities during flu season.

(Check the appropriate box)

We are a medical facility so our health care staff screen patients using the following procedures:

- Upon arrival, patients are asked:
  - o If they are currently exhibiting a temperature of 100 degrees or more.
  - o If they have had a cough or if they exhibit any flu-like signs and symptoms.
- If the patient proceeds through the initial screening, the patient's temperature is taken at the beginning of intake.

We are not a medical facility so we must establish criteria and procedures for referral of persons to a health care provider for further evaluation within timeframes described on page 10. We are required to refer people who have any one of the following characteristics so we use this list as our criteria for referral:

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.

☒ To determine if people have any of the above symptoms or characteristics, we use the following screening procedures from Appendix F of the Cal/OSHA ATD standard:

1. For screening a coughing client with potential TB – privately ask the person the following:
  - 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 (>5 lbs).
    - 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. must be referred to a health care provider for further evaluation, unless that person is already under treatment. Consider referring a person with any of the above symptoms, if there is no alternative explanation.

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 client 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.

(check if applicable) We coordinate with local health departments, including TB control programs, for the success of this referral policy.

We instruct our employees when they are first hired and annually thereafter on how clients' privacy will be maintained during screening procedures. These are our procedures for maintaining client privacy during screening:

- Initial screening questionnaire will be filled out at the reception desk to maintain patient privacy.
- Any potentially symptomatic patient will be immediately moved to the isolation room for further screening before referral.

We understand that the longer the symptomatic individuals are present in our facility, the greater the risk that one of our employees will become infected. Therefore, we will ensure that persons exhibiting respiratory symptoms identified using the above screening procedures are referred and transferred to a suitable facility for isolation and treatment within five hours of being identified as a case or suspected case, except under any of the following conditions:

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 we will ensure that transfer occurs no later than 11:00 a.m.
2. We have contacted the local health officer, determined that there is no facility that can provide appropriate airborne infection isolation, and complied with all of the conditions in section 5199(e)(5)(B)2. (See below.)
3. The case meets the conditions of either of the exceptions to subsection (e)(5)(B) (See below).

Section 5199(e)(5)(B)2. requires the following:

If we are unable to transfer the patient within 5 hours of identification, we will document each of the following at the end of the 5-hour period and at least every 24 hours thereafter:

1. We have contacted the local health officer.
2. There is no All room or area available within that jurisdiction.



3. Reasonable efforts have been made to contact establishments outside of that jurisdiction, as provided in the Plan.
4. All applicable measures recommended by the local health officer or the Infection Control physician or other licensed healthcare provider (PLHCP) have been implemented.
5. All employees who enter the room or area housing the individual are provided with, and use, appropriate personal protective equipment and respiratory protection in accordance with subsection (g) and section 5144, Respiratory Protection of these orders.

The following are the two exceptions to the requirement for timely transfer of AirID cases or suspected cases:

- Where the treating physician determines that transfer would be detrimental to a patient's condition, the patient need not be transferred. In that case, we will ensure that employees use respiratory protection, such as an N95 respirator, when entering the room or area housing the individual. The patient's condition will be reviewed at least every 24 hours to determine if transfer is safe, and the determination will be recorded. Once transfer is determined to be safe, we will ensure that transfer will be made within the time period described above.

In the event that this exception applies, we will record the treating physician's determination using the following procedure: This is not applicable to our facility as the patient will have to be referred to the appropriate health care facility for treatment. Pacific College is not an overnight medical facility.

- Where it is not feasible to provide All rooms or areas to individuals suspected or confirmed to be infected with or carriers of novel or unknown ATPs, we will provide other effective control measures to reduce the risk of transmission of the ATD to employees, which will include the use of respiratory protection.

In the event that this exception applies, we will ensure that employees use the source control procedures described earlier in this document and wear N95 respirators when in proximity to the patient.

In the event that no suitable facility with an airborne infection isolation room (AIIR) is available to accommodate the patient, the administrator named in the beginning of this plan will contact the local health officer and other nearby medical facilities. This contact will occur at the end of the five (5) hour period following initial contact with the suspect case to see if an AIIR is available to accommodate transfer. If not, then the Administrator will continue to contact the local health officer and other medical facilities in and outside of the local health officer's jurisdiction every 24 hours until an AIIR becomes

available for the transfer. When an AIIR becomes available, the Administrator will ensure that the patient is transferred to the other facility.

The phone number or other contact information for the local health officer is:

San Diego County Public Health

Epidemiology Unit (619) 692-8499

Evenings and weekends (858) 565-5255

Names and contact information for facilities with All rooms or areas within the local area that will be contacted in the event of referral:

Facility: UC San Diego Medical Center- Hillcrest Contact info: (858) 657-7000

Facility: Scripps Mercy Hospital- San Diego Contact info: (619) 294-8111

Facility: Kaiser Permanente Zion Medical Center Contact info: (833) 574-2273

Names and contact information for facilities with All rooms or areas outside the local jurisdiction that will be contacted in the event of referral and no All rooms are available within our local jurisdiction:

Facility: Kaiser Permanente Palomar Medical Center Contact info: (442)281-5000

Facility: Mission Hospital Contact info: (949) 364-1400

Facility: UCI Medical Center Contact info: (714) 456-7890

The Administrator will document each attempt to locate a facility with an available AIIR. This is our procedure to document these attempts: The Administrator will document each attempt to locate a facility with an available AIIR using OSHA form 8 CCR 5199€(5)(B). After which, the form will be kept in the organization's OSHA folder.

### Documentation of Attempts to Refer Suspect AirID Case

*(Keep this form blank until you are unsuccessful at making a referral, at which time you may make copies and use this form to document your attempts or you may create your own form containing the information required by 8 CCR 5199(e)(5)(B).)*

Patient identifier (*optional*): [Type some form of patient identification other than name, if needed, keeping in mind this form is not confidential.]

Date and time that the patient was identified as a suspected AirID case: [Enter the appropriate date and time.]

Date/Time of making contact for transfer (at the end of 5 hour period after the above time):

Contacting the Local Health Officer:

Date/Time: [Enter date/time of contacting local health officer.]

Name of Local Health Officer: [Type name of the local health officer.]

Contact information for the local health officer: [Type the phone number or email address used to contact the local health officer.]

Measures recommended by the local health officer or the Infection Control PLHCP (and we implemented): [Describe the local health officer's recommendations.]

We have implemented the applicable recommended measures.

Contacting other nearby facilities: (list all that were contacted)

Name of Facility #1: [Type the name of the first facility contacted.]

Name of person contacted who determined that no AIIR was available: [Type the name of person contacted.]

Job title/Affiliation: [Type contacted person's job title.]

Date/Time of contact: [Type the date and time of contact.]

Is this facility inside or outside the local jurisdiction? [Type "inside" or "outside."]

Name of Facility #2: [Type the name of the second facility contacted.]

Name of person contacted who determined that no AIIR was available: [Type the name of person contacted.]

Job title/Affiliation: [Type contacted person's job title.]

Date/Time of contact: [Type the date and time of contact.]

Is this facility inside or outside the local jurisdiction? [Type "inside" or "outside."]

Name of Facility #3: [Type the name of the third facility contacted.]

Name of person contacted who determined that no AIIR was available: [Type the name of person contacted.]

Job title/Affiliation: [Type contacted person's job title.]

Date/Time of contact: [Type the date and time of contact.]

Is this facility inside or outside the local jurisdiction? [Type "inside" or "outside."]

Result of the above attempts:

- Patient not transferred.
- Patient transferred to: [Type the facility name here.]

If unsuccessful finding a facility to which to transfer the AirID case or suspected case, list further attempts here (24 hours after previous attempt):

Contacting the Local Health Officer:

Date/Time: [Enter date/time of contacting local health officer.]

Name of Local Health Officer: [Type name of the local health officer.]

Contact information for the local health officer: [Type the phone number or email address used to contact the local health officer.]

Measures recommended by the local health officer or the Infection Control PLHCP (and we implemented): [Describe the local health officer's recommendations.]

- We have implemented the applicable recommended measures.

Contacting other facilities: (list all that were contacted)

Name of Facility #4: [Type the name of the facility contacted.]

Name of person contacted who determined that no AIIR was available: [Type the name of person contacted.]

Job title/Affiliation: [Type contacted person's job title.]

Date/Time of contact: [Type the date and time of contact.]

Is this facility inside or outside the local jurisdiction? [Type "inside" or "outside."]

Name of Facility #5: [Type the name of the facility contacted.]

Name of person contacted who determined that no AIIR was available: [Type the name of person contacted.]

Job title/Affiliation: [Type contacted person's job title.]

Date/Time of contact: [Type the date and time of contact.]

Is this facility inside or outside the local jurisdiction? [Type "inside" or "outside."]

Name of Facility #6: [Type the name of the facility contacted.]

Name of person contacted who determined that no AIIR was available: [Type the name of person contacted.]

Job title/Affiliation: [Type contacted person's job title.]

Date/Time of contact: [Type the date and time of contact.]

Is this facility inside or outside the local jurisdiction? [Type "inside" or "outside."]

Result of the above attempts:

Patient not transferred.

Patient transferred to: [Type the facility name here.]

If still unsuccessful finding a facility to which to transfer the suspect AirID patient after 24 hours, list further attempts here (24 hours after previous attempt):

Contacting the Local Health Officer:

Date/Time: [Enter date/time of contacting local health officer.]

Name of Local Health Officer: [Type name of the local health officer.]

Contact information for the local health officer: [Type the phone number or email address used to contact the local health officer.]

Measures recommended by the local health officer or the Infection Control PLHCP (and we implemented): [Describe the local health officer's recommendations.]

We have implemented the applicable recommended measures.

Contacting other facilities: (list all that were contacted)

Name of Facility: [Type the name of the facility contacted.]

Name of person contacted who determined that no AIIR was available: [Type the name of person contacted.]

Job title/Affiliation: [Type contacted person's job title.]

Date/Time of contact: [Type the date and time of contact.]

Is this facility inside or outside the local jurisdiction? [Type "inside" or "outside."]

Name of Facility: [Type the name of the facility contacted.]

Name of person contacted who determined that no AIIR was available: [Type the name of person contacted.]

Job title/Affiliation: [Type contacted person's job title.]

Date/Time of contact: [Type the date and time of contact.]

Is this facility inside or outside the local jurisdiction? [Type "inside" or "outside."]

Name of Facility: [Type the name of the facility contacted.]

Name of person contacted who determined that no AIIR was available: [Type the name of person contacted.]

Job title/Affiliation: [Type contacted person's job title.]

Date/Time of contact: [Type the date and time of contact.]

Is this facility inside or outside the local jurisdiction? [Type "inside" or "outside."]

Result of the above attempts:

Patient not transferred.

Patient transferred to: [Type the facility name here.]

*(End of form to document attempts to refer suspected AirID case.)*

## Procedures to Communicate with Our Employees, Other Employers, and the Local Health Officer

Good communication is a key element of an effective program to prevent the spread of aerosol transmissible disease among staff and the public. Therefore, we have developed the following procedures for communication among our own staff, with other employers, and with the local health officer regarding the diagnosed or suspected infectious disease status of referred patients.

We communicate with our own staff regarding the suspected or confirmed infectious disease status of patients we refer using the following methods (*e.g., email, morning huddles, etc.*): email

If the referred patient is transferred among different departments or units within our facility, we ensure that employees in those different departments or units communicate the patient's infectious disease status with each other using the following procedure (*e.g., coded signs, charts, verbal handoff*): The referred patient will not be transferred among different departments or units within our facility.

If we know or should know the infectious disease status of a patient whom we refer, then it is our responsibility to alert "downstream" employers, such as the facility that accepts the suspected AirID case for airborne infection isolation. We will also communicate the status to any employer who transports the patient from our facility to the next in their vehicle. If there is an "upstream" employer, such as law enforcement, from whom we received the suspected AirID case, we will also communicate this status with them so that they may offer necessary medical intervention to their exposed employees.

When providing information to the facility to which the patient was transferred, we will also obtain information from them in order to inform our own employees who may have been exposed to the referred person so that we may offer them appropriate medical services.

The person responsible for communicating this information to the other employers is: The Administrator on hand during the time of the incident, primarily the Safety Officer/Director of Clinical Services.

This is our procedure for notifying downstream employers and gathering information from them: Upon calling for transport via downstream employers, the Administrator will verbally communicate the infectious disease status of a patient whom we refer. Additionally, we will inform the driver of the transport the infectious disease status of a patient prior to acceptance of the patient into their vehicle.

This is our procedure for notifying upstream employers: Upon calling any upstream employers, we will verbally communicate the infectious disease status of a patient whom we refer so that they may offer necessary medical intervention to their exposed employees.

This is our procedure for communicating infectious disease status of our patient with the local health officer: The Administrator will call the San Diego County Public Health Epidemiology unit to report the infectious disease status of a patient. This will phone call will be documented using OSHA form 8 CCR 5199€(5)(B). After which, the form will be kept in the organization's OSHA folder.

### Procedures to Reduce Risk of AirID Transmission in the Interim

During the period that the person requiring referral is in our facility or in contact with our employees, we take measures to reduce the risk of AirID transmission to our employees. This includes constant observation of standard precautions as well as other protective measures, including the use of respiratory protection.

In addition to the previously described source control procedures, we also take the following measures.

We place the person requiring referral in this separate room or area (or airborne infection isolation room if available) while they await transfer to another facility for airborne infection isolation: Isolation room in the clinic.

If feasible, this room must be equipped with a separate ventilation or filtration system. (*Check one of the following boxes*):

- This room or area is equipped with a separate ventilation system.
- This room or area is equipped with its own filtration system.

If the person requiring referral does not comply with our established source control measures, our employees will wear NIOSH-certified (*type of respiratory protection, e.g., N95 filtering facepiece*) KN95 facemask when entering that room or area.

Before our employees wear respirators, we will provide them a medical evaluation to determine if they are medically fit to wear a respirator. We will also provide fit tests for them to determine which



brand/model/size respirator offers the required level of protection to each individual employee. We will also implement our written Respiratory Protection Program.

### System of Medical Services

We provide medical services to our employees with occupational exposure to aerosol transmissible disease. These medical services, including vaccinations, tests, examinations, evaluations, determinations, procedures, and medical management and follow-up, will be

1. Performed by or under the supervision of a physician or other licensed healthcare provider (PLHCP).
2. Provided according to applicable public health guidelines.
3. Provided in a manner that ensures the confidentiality of employees and patients, such as leaving the name of the source individual off of test results and other information regarding exposure incidents and TB conversions.

### *Vaccinations*

Vaccination is a safe, effective, and reliable method of controlling the spread of infectious diseases that have a vaccine. Vaccination not only prevents vaccinated people from becoming infected, but it also helps to prevent transmission of illness to the unvaccinated because there are fewer susceptible people to spread the disease. We make vaccinations available to our employees at no cost during their work hours and encourage employees to receive them.

### **For employers who employ health care workers**

We employ health care workers and are required to offer all vaccinations for aerosol transmissible diseases that are recommended by the California Department of Public Health (CDPH) to our susceptible health care workers. These vaccinations are listed in the table below. We make them available to employees after they receive training and within 10 working days of initial assignment unless one of the following conditions exists:

1. The employee has previously received the recommended vaccination(s) and is not due to receive another vaccination dose.
2. A PLHCP has determined that the employee is immune in accordance with applicable public health guidelines.
3. The vaccine(s) is contraindicated for medical reasons.

We send our health care worker employees to the following medical facility to receive the vaccinations: Employees will be sent to Kaiser Zion Medical Center. If the employee does not have health insurance through Pacific College, the employee will be sent to one of the San Diego County Immunization Clinics.

These will be provided at the doses and by the schedules recommended by the CDPH as stated in the following table.

<b>Vaccine</b>	<b>Schedule</b>
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

We will make additional vaccine doses available to employees within 120 days of the issuance of any new applicable public health guidelines recommending the additional dose.

We do not require our employees to participate in a prescreening serology program prior to receiving a vaccine, unless applicable public health guidelines recommend the prescreening prior to administration of the vaccine.

We train our employees about the vaccines we offer, including the efficacy, safety, method of administration, the benefits of being vaccinated, and that they are offered free of charge. We strongly encourage our employees to receive the vaccinations, but employees have the option to decline to receive any of them. If an employee declines a vaccination, we have them sign the appropriate declination form, which will be kept in their employee file.

If an employee declines any of the vaccinations listed in the box above, we will have them sign the following declination for each declined vaccination:

### **Vaccination Declination Statement**

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 (*name of disease*), 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.

*(End of declination statement.)*

If the employee initially declines a vaccination but at a later date, while still covered under the standard, decides to accept the vaccination, we will make the vaccine available within 10 working days of receiving a written request from the employee.

### **For all referring employers**

We provide the seasonal influenza vaccination to all our employees during the period designated by the CDC (flu season), which generally begins in October and lasts through April.

We send our employees to Kaiser Zion Medical Center or to one of the San Diego County Immunization Clinics to receive the seasonal influenza vaccine.

We train our employees about the influenza vaccine, including the efficacy, safety, method of administration, the benefits of being vaccinated, and that it is offered free of charge. We strongly encourage our employees to receive the vaccination, but employees have the option to decline to receive it. If an employee declines the seasonal influenza vaccination, we will have the employee sign the following declination, which will be kept in their employee file. This will be done each flu season.

### **Seasonal Influenza Vaccination Declination Statement**

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 this infection 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 increased 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.

*(End of declination statement.)*

If the employee later decides to accept the vaccination and it is still the period when the vaccine is available, then we will provide it to the employee within 10 days of receiving a written request from the employee.

If a vaccine is not available due to shortages or other reasons, we will document our efforts to obtain the vaccine in a timely manner and inform the employees of the status of vaccine availability, including a timeframe of when the vaccine is likely to become available. When this occurs, this is our procedure for communicating vaccine availability to our employees: The Administrator will send an email for communicating vaccine availability to our employees.

This is our procedure for documenting the unavailability of the influenza vaccine or other applicable recommended vaccine: The Administrator will document the unavailability of the influenza vaccine or other applicable recommended vaccine. This documentation will be held in Pacific College's OSHA folder.

### *Latent TB Infection Screening*

A latent tuberculosis infection (LTBI) is a condition when the individual infected with the *M. tuberculosis* bacteria does not exhibit symptoms and cannot spread the infection to others. However, approximately 5 to 10% of these people will develop active, potentially contagious TB disease if untreated. LTBI screening helps to ensure that employees are provided with appropriate treatment for new TB infections and that previously unidentified occupational exposures are identified so that we may correct any deficiencies in our infection control procedures.

We offer latent TB infection screening (skin test, blood test, or screening questionnaire) annually to all employees who we determined to have reasonably foreseeable occupational exposures to ATD. We include employees if their occupational exposure risk is greater than that of employees in public contact operations that are not included within the scope of the ATD standard, such as bus drivers and retail clerks.

If applicable public health guidelines or the local health officer recommends more frequent testing, then we will comply with the recommendation.

We send our employees to the following facility for the LTBI screening: Employees will be sent to Kaiser Zion Medical Center. If the employee does not have health insurance through Pacific College, the employee will be sent to San Diego County Tuberculosis Clinic.

Employees with a baseline positive TB test will receive an annual symptom screening questionnaire. If questionnaire results indicate further testing is needed, then we offer that employee a follow-up screening (PPD, blood test, or chest x-ray), using the following procedures: Employees will be sent to Kaiser Zion Medical Center. If the employee does not have health insurance through Pacific College, the employee will be sent to San Diego County Tuberculosis Clinic.

If employees experience a TB conversion (i.e., previous LTBI screening was negative, but now it is positive), we will refer them to the following PLHCP knowledgeable about TB for evaluation: Employees will be sent to Kaiser Zion Medical Center or UC San Diego Medical Center.

In the event of a TB conversion, we will also do the following:

1. Provide the PLHCP with a copy of this standard and the employee's TB test records. If we have determined the source of the infection, we will also provide any available diagnostic test results including drug susceptibility patterns relating to the source patient.
2. We will request that the PLHCP, with the employee's consent, perform any necessary diagnostic tests and inform the employee about appropriate treatment options.
3. We will request that the PLHCP determine if the employee is a TB case or suspected case and do all of the following if the employee is a case or suspected case:
  - a. Inform the employee and the local health officer in accordance with Title 17.
  - b. Consult with the local health officer and inform us of any infection control recommendations related to the employee's activity in the workplace.

- c. Make a recommendation to us regarding precautionary removal due to suspect active disease, in accordance with subsection (h)(8), and provide us with a written opinion in accordance with subsection (h)(9).

The person responsible for ensuring that the above TB screening procedures are implemented is: Safety Officer/ Director of Clinical Services will ensure that the above TB screening procedures are implemented.

When an employee experiences a TB conversion, the person who will receive the recommendations from the PLHCP on infection control and precautionary removal is: Safety Officer/ Director of Clinical Services This person will then communicate the recommendations to the following managers or staff members, if applicable: Human Resources and Campus Director.

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.

List the job titles and roles of staff involved in investigating the circumstances of the conversion and correcting deficiencies (*e.g., Administrator, infection preventionist, employee health coordinator, safety manager*): The Safety Officer/Director of Clinical Services in conjunction with the Campus Director will investigate the circumstances of the conversion and correcting deficiencies.

We will also document the investigation using the following procedure: Pacific College’s Incident Report Form as well as Cal/OSHA Form 300 Log of Work-Related Injuries and Illnesses.

If we subsequently find that the TB infection is not work-related, then we may remove the entry from the Cal/OSHA Form 300 Log.

### *Exposure Incidents*

In the event of an exposure incident, it is critical to inform exposed employees quickly and provide medical services in a timely manner to minimize the severity of illness and limit the spread of infection.

An exposure incident is an event where all of the following have occurred:

1. An employee has been exposed to an individual who is a case or suspected case of a reportable ATD, or to a work area or equipment that is reasonably expected to contain an aerosol transmissible pathogen associated with a reportable ATD.
2. The exposure occurred without the benefit of applicable exposure controls required by the Cal/OSHA ATD regulation Title 8 CCR 5199.
3. It reasonably appears from the circumstances of the exposure that transmission of disease is sufficiently likely to require medical evaluation.

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.

In the context of this regulation, a health care provider is a physician and surgeon, a veterinarian, a podiatrist, a nurse practitioner, a physician assistant, a registered nurse, a nurse midwife, a school nurse, an infection control practitioner, a medical examiner, a coroner, or a dentist.

*(Choose one of the following three check boxes):*

We are not a health care provider and do not employ any health care providers. Therefore, we are not required to report RATD cases or suspected cases to the local health officer.

We are a health care provider. Therefore, when we determine that a person is an RATD case or suspected case, we will report the case to the local health officer, in accordance with title 17, observing the different time deadlines for different diseases.

Name/job title of person(s) responsible for reporting RATD cases and suspected cases to local health officer: Leng Tang-Ritchie, Safety Officer/ Director of Clinical Services

Contact information for the local health officer:

San Diego County Public Health

Epidemiology Unit (619) 692-8499

Evenings and weekends (858) 565-5255

We are not a health care provider but we employ at least one health care provider. We will ensure that our health care provider employee who determines that a person is an RATD case or suspected case reports the case to the local health officer, in accordance with title 17, observing the different time deadlines for different diseases.

Contact information for the local health officer: [Type the phone number or email address of local health officer.]

To see the current list of RATDs and the timeframes and methods in which they must be reported, we will refer to the California Department of Public Health, [Division of Communicable Disease Control](#) home page: [www.cdph.ca.gov/Programs/CID/DCDC/Pages/DCDC.aspx](http://www.cdph.ca.gov/Programs/CID/DCDC/Pages/DCDC.aspx).

Contact information for the local health departments are also on the CDPH [California Conference of Local Health Officers](#) webpage at: [www.cdph.ca.gov/Programs/CCLHO/Pages/LHD%20Contact%20Information.aspx](http://www.cdph.ca.gov/Programs/CCLHO/Pages/LHD%20Contact%20Information.aspx).

Regardless of whether we are required to report the case to the local health officer, we are required to determine, to the extent that the information is available in our records, whether any employees of other employers may have had contact with or 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 either the report is made to the local health officer or we became aware of the exposure incident. This allows the other employer(s) time to conduct their own analysis to determine which of their employees had significant exposure and to provide their employee(s) with effective medical intervention to prevent disease or mitigate the disease course.

We use the following procedures to determine whether other employers' employees may have had contact with the case or suspected case while working within our facility or operations: The Administrator will communicate the other employers of employees who may have had contact with the case or suspected case while working within our facility via email communication.

Our procedures to notify other employers whose employees may have had significant exposure are as follows: The Administrator will communicate the other employers of employees who may have had



contact with the case or suspected case while working within our facility via email communication with 72 hours after we become aware of the exposure incident.

We are also required to notify our own employees who had significant exposure to the ATD case or suspected case. First, we will conduct an analysis of the exposure scenario to determine which of our employees had significant exposure. As required, we will complete this analysis within a timeframe reasonable for the specific disease, but no later than 72 hours after either our report to the local health officer or our receipt of notification from another facility or local health officer of the exposure.

We will document the analysis, recording the names and any other employee identifier used at the workplace of persons who were included in the analysis. We will also document the name of the person who made the determination and the identity of any PLHCP or local health officer consulted in making the determination.

The person(s) responsible for conducting and documenting this analysis is the Campus Director in conjunction with the Director of Clinical Services.

Our procedures for conducting this analysis are as follows (e.g., manager reviews patient chart to see which employees had contact with the ATD case or suspected case; manager interviews employees):

- Managerial review of the patient chart to see which employees and students had contact with the ATD case.
- Reviewing clinic schedule to see who was on shift and who could possibly have exposure to the ATD case.
- Manager interviews with employees and students.

If the analysis determines that either of the following conditions exist for an employee, then that employee does not require post-exposure follow-up and we will document the basis for the determination:

1. The employee did not have significant exposure.
2. Physician or other licensed health care provider (PLHCP) determined that the employee is immune to the infection.

We will make the exposure analysis available to the local health officer upon request.

Upon determining which of our employees had significant exposure, we will notify them of the date, time, and nature of their exposure within a timeframe reasonable for the specific disease but no later than 96 hours of becoming aware of the potential exposure.

Our procedures to notify our employees who had significant exposure are as follows: The Campus Director will notify the employees who had significant exposure via verbal communication and/or email communication.

As soon as feasible, we will provide all our employees who had a significant exposure a post-exposure medical evaluation by a PLHCP knowledgeable about the specific disease. The medical evaluation will include 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, this will also include testing of the isolate from the source individual or material for drug susceptibility, unless the PLHCP determines that it is not feasible.

We will send our employees to the following facility or provider for post-exposure medical evaluation: Kaiser Zion Medical Center or UC San Diego Medical Center.

We are a healthcare provider, so we will notify employees that they have the right to decline to receive the medical evaluation from us, and we will ensure that the employee receives post-exposure evaluation and follow-up from an outside PLHCP.

Director of Clinical Services will provide the following information to the PLHCP who conducts the post-exposure medical evaluation and follow-up:

1. A description of the exposed employee's duties as they relate to the exposure incident.
2. The circumstances under which the exposure incident occurred.
3. Any available diagnostic test results, including drug susceptibility pattern or other information relating to the source of exposure that could assist in the medical management of the employee.
4. All of our medical records for the employee that are relevant to the management of the employee, including tuberculin skin test results and other relevant tests for ATP infections, vaccination status, and determinations of immunity.
5. A copy of 8 CCR 5199 and applicable public health guidelines.

We will request from the evaluating PLHCP an opinion on whether precautionary removal from the employee's regular job assignment is necessary to prevent the employee from spreading the disease agent 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 fax and also in writing.

The person responsible for requesting the written opinion is: Director of Clinical Services

We will obtain and provide the employee a copy of the PLHCP's written opinion within 15 working days of completion of all required medical evaluations.

We will provide the copy to the employee using the following procedure: a copy of the PLHCP's written opinion will be provided to the employee via email.

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. These rights include 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.