**Aerosol Transmissible Diseases (ATD) Police Control Procedures**

**Instructions**

The following sample Police ATD Control Procedures are provided to assist you with the preparation and implementation of effective control procedures that will help you comply with the requirements of the Cal/OSHA ATD regulation <http://www.dir.ca.gov/title8/5199.html>.

Please note all sections included in the sample program are required by the regulation. The BLUE TEXT indicates areas where the customization will occur. However, each section should be reviewed to ensure the information is compatible with your police department’s operations as well as the policies and procedures for the city or agency.

**Name of Entity**

**Police**

**Aerosol Transmissible Diseases**

**Control Procedures**

**Insert Date**

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# Policy

The intent of the NAME OF POLICE DEPARTMENT Aerosol Transmissible Diseases (ATD) Control Procedures is to promote safe work practices and to provide an environment that reduces occupational exposure to ATDs such as tuberculosis (TB), severe acute respiratory syndrome (SARS), meningitis, pertussis (whooping cough), coronavirus (COVID-19), and seasonal influenza. The objectives of the procedures are to:

* Protect our employees from the illnesses associated with ATDs
* Provide appropriate treatment and counseling following an employee exposure incident

These procedures have been established in accordance with the Cal/OSHA ATD regulation, California Code of Regulations (CCR), Title 8, Section 5199.

# Scope

The ATD regulation applies to police services provided during:

* Transport or detention of persons reasonably anticipated to be ATD cases
* Services provided in conjunction with health care or public health operations

Police services are considered a “referring employer” under the regulation if the following conditions are met:

* There is a process in place to screen persons for further evaluation by a health care provider based on readily observable ATD signs and symptoms
* Suspected ATD cases are referred or transported to a facility that can provide appropriate diagnosis, treatment, and isolation
* Non-medical transport only is provided (i.e. medical services are not expected to be provided)

# Responsibilities

Chief of Police

The Chief of Police has the responsibility to:

* Designate the ATD Administrator
* Allocate resources and support to appropriately implement the ATD procedures including annual employee training
* Ensure employees comply with ATD procedures
* Review the results of the annual ATD procedure review and correct deficiencies if necessary

ATD Administrator

NAME OF PERSON/TITLE is the designated ATD Administrator and has the authority and full support of the Chief of Police to perform these duties. The Administrator has the responsibility to:

* Demonstrate knowledge in infection control principles and practices as they apply to the police department’s facilities and operations
* Provide information on health alerts and community outbreaks from the local health officer during daily briefings
* Ensure ATD procedures are implemented in the department
* Determine department-specific methods for source control, cleaning/disinfection of work areas and vehicles, and referrals
* Implement communication procedures to inform employees and other employers involved in the exposure incident who may have had contact with the ATD case
* Document exposure incidents and implement the post-exposure evaluation process for affected employees
* Ensure employees receive initial and annual training in ATD procedures
* Offer required vaccinations and TB testing annually
* Maintain all required records for the ATD procedures, including employee medical records
* Conduct an annual review of the ATD procedures and provide a summary to the Chief

Watch Commanders/Supervisors

Watch commanders/supervisors have the responsibility to:

* Ensure compliance with the ATD procedures for employees under their direct supervision and control
* Train employees on department-specific safe work practices to reduce exposure to ATDs
* Ensure employees attend initial and annual training sessions
* Monitor the post-exposure evaluation process where an exposure incident has occurred

Police Officers/Employees

All exposed police officers and employees have a responsibility to:

* Recognize signs and symptoms of ATDs based on screening procedures
* Comply with safe work practices when exposure to a suspected ATD case occurs
* Provide input regarding the effectiveness of the procedures to the ATD Administrator, including input during the annual review
* Attend annual ATD training
* Receive vaccinations and annual TB testing offered by the department
* Follow post-exposure evaluation procedures if an exposure incident occurs

# Occupational Exposure Determination

Cal/OSHA defines an occupational exposure as exposure from work activity or working conditions that is reasonably anticipated to create an elevated risk of contracting an ATD if protection measures are not in place.

The following units/divisions at the NAME OF POLICE DEPARTMENT have the potential for occupational exposure as defined in the regulation:

* Sworn personnel (IDENTIFY UNITS/DIVISIONS WITH AN ELEVATED RISK OF EXPOSURE, E.G. UNITS/DIVISIONS WHERE OFFICERS ARE EXPECTED TO TRANSPORT SUSPECTED ATD CASES TO A HEALTH CARE FACILITY, OR OFFICERS ARE ASSIGNED TO ACCOMPANY SUSPECTED ATD CASES IN AN AMBULANCE)
* Non-sworn personnel performing tasks that meet the definition of an occupational exposure (ENTER UNITS/DIVISIONS WITH NON-SWORN PERSONNEL AT ELEVATED RISK, E.G. DEPARTMENTS WITH CSO’S ASSIGNED TO MULTI-AGENCY PUBLIC HEALTH OUTREACH TEAMS OR R.N.’S OR OTHER HEALTH CARE WORKERS PROVIDING SERVICES IN DEPARTMENT FACILITIES.)

# Screening Procedures (Health Care Providers Not Available)

EACH DEPARTMENT MUST ASSESS ITS CURRENT SCREENING PROCEDURES TO DETERMINE THE INFORMATION THAT NEEDS TO BE INCLUDED IN THIS SECTION OF THE PROCEDURE. THIS SAMPLE PROCEDURE IS APPROPRIATE FOR DEPARTMENTS WHERE HEALTH CARE PROVIDERS ARE NOT AVAILABLE AND OFFICERS NEED TO PERFORM NON-MEDICAL SCREENING TO DETERMINE THE NEED FOR TRANSFER TO A HEALTH CARE FACILITY FOR FURTHER EVALUATION.

DEPARTMENTS EMPLOYING HEALTH CARE WORKERS OR WORKING IN FACILITIES WHERE HEALTH CARE WORKERS ARE AVAILABLE WILL NEED TO DESCRIBE THEIR MEDICAL SCREENING PROCEDURES IN THIS SECTION.

The Police Department will initiate non-medical screening procedures based on readily observable symptoms and/or self-reports of the following conditions:

* Persistent cough for more than three weeks
* Signs and symptoms of a flu-like illness between March and October (non-seasonal flu months) or for more than two weeks any time of year; flu-like symptoms include coughing, fever, sweating, chills, muscle aches, weakness, malaise, or a combination.
* Person states he or she has a transmissible respiratory disease or an infectious ATD case, excluding the common cold and seasonal flu

The department screening criteria below are appropriate for persons in custody with suspected ATD. Screening may be performed at department facilities or in the field prior to transport where feasible. The privacy of the person(s) must be maintained during screening procedures.

Screening a potential TB case:

Cough for more than three weeks and one or more of the following symptoms:

* 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 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.

Screening other potential ATD cases:

Other vaccine preventable ATDs, including pertussis, measles, mumps, rubella (“German measles”), and chicken pox, should be considered. 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 on 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

**Note:** **Seasonal influenza *does not* require referral.** Examples of diseases requiring transfer to a health care facility include TB, SARS, measles, chicken pox, and pertussis. Refer to Appendix A to review additional signs and symptoms for common ATDs.

**Any person who exhibits any of the above described findings and/or reports contact with individuals known to have any of these transmissible illnesses in the past two to four weeks should be promptly evaluated by a health care provider. Proceed to the Referral Procedures Section.**

Health officials may periodically issue alerts for community outbreaks of other diseases. Local public health authorities will provide screening criteria that will be communicated by the ATD Administrator during daily briefings.

# Referral Procedures

The ATD Administrator and/or on-duty Watch Commander will be notified of a suspected ATD case requiring referral to a health care facility for further evaluation. If the ATD Administrator is not available, the designated department backup will assume the responsibilities. Immediately implement the source control and transmission reduction procedures until the person can be transferred.

# Source Control and Transmission Reduction Procedures

The department will provide temporary control measures to protect employees during the period of time when a person requiring referral is waiting for transfer to another facility. These procedures have application in department facilities as well as in field operations where feasible.

Separation and masking of potential ATD source

Move the person to a separate room or area. If a common area must be used, seat the person at least three feet away from others. (IDENTIFY FACILITY-SPECIFIC DESIGNATED LOCATION)

Provide separate ventilation or filtration in the room or area where possible. (IF APPLICABLE)

Determine whether it is appropriate to offer the person awaiting transfer a surgical or procedure mask, tissues, and hand sanitizer or hand washing facilities. The source control supplies are located at (ENTER LOCATION OF SUPPLIES IN THE FACILITY AND WHETHER EACH PATROL VEHICLE WILL MAINTAIN SUPPLIES).

The person will be informed about the following Police Department controls to reduce the potential for disease transmission including:

* Cover your cough or sneeze with tissue and dispose of the tissue in the covered receptacle provided (where appropriate)
* Offer hand washing facilities for use (where appropriate)
* Wear the provided surgical or procedure mask (where appropriate)

Note: It is not necessary to offer a N95 respirator to the person awaiting transfer. Officers cannot insist on the use of source controls and must use judgment where the provision of alcohol-based hand sanitizers may be a security risk. Offering a surgical mask may not be advisable where the person is handcuffed or in respiratory distress.

**Use of employee respiratory protection where source controls are not practical.**

Employees will use an N95 respirator to enter the room or work area where a suspected ATD case is awaiting transfer where source control procedures are not feasible, or the source is non-compliant with the controls (e.g. refuses or is unable to don a surgical or procedure mask). Employees should use frequent hand hygiene when they come in contact with contaminated surfaces or articles. Cleaning and disinfection of the waiting area with appropriate personal protective equipment will be performed following transfer of the person. (See Cleaning and Disinfection Procedures Section).

Respiratory protection use must be in compliance with NAME OF POLICE DEPARTMENT’S written Respiratory Protection Program located at (ENTER LOCATION). The Police Department is utilizing N95 particulate respirators for protection against potentially infectious aerosols. Supplies of the single use respirators are located at (ENTER FACILITY LOCATION) and in patrol cars.

# Transfer of Suspected ATD Cases

Transfers will occur within five hours of the identification of the suspected case. The ATD Administrator or the on-duty Watch Commander is responsible for determining if any of the following exceptions are applicable:

* If initial exposure to the suspected case occurs in the evening (after 3:30 p.m. and prior to 7 a.m.), the transfer must occur no later than 11:00 a.m.; or
* If the transfer cannot occur within the 5-hour period, the ATD Administrator will document at the end of the 5-hour period and at least every 24 hours thereafter each of the following:
* The Police Department has contacted the local health officer and determined that there is no facility with an appropriate airborne infection isolation room or area available within that jurisdiction.
* Reasonable efforts have been made to contact establishments outside that jurisdiction, as provided in the procedures.
* All applicable measures recommended by the local health officer or the infection control physician or other licensed health care professional have been implemented.
* All employees who enter the room or area housing the individual are provided with and use appropriate personal protective equipment and N95 respiratory protection.

The local health officer contact information is provided below for suspected ATD cases that will require a period longer than five hours to transfer to a health care facility:

|  |  |
| --- | --- |
| County Name: |  |
| Health Officer’s Name: |  |
| Address: |  |
| Email: |  |
| Phone Number: |  |
| Fax Number: |  |

Transport by emergency medical services

When feasible, contact emergency medical services to transport the suspected ATD case.

|  |  |
| --- | --- |
| Emergency Medical Service: |  |
| Address: |  |
| Phone Number: |  |

Officers required to accompany the suspected ATD case in the ambulance will use N95 respiratory protection unless the use of respiratory protection would result in a safety hazard.

Transport in department vehicles (if applicable)

Police officers who transport a person requiring referral in a department vehicle need not use N95 respiratory protection if all the following conditions are met:

* A solid partition separates the passenger area from the area where employees are located
* Written procedures that specify the conditions of operation, including the operation of windows and fans are followed (INSERT PROCEDURES)
* The officer transports the suspected case in a vehicle tested by the department (e.g., by the use of smoke tubes) to ensure there is no detectable airflow from the passenger compartment to the employee area

The following vehicles have met the criteria for transport without respiratory protection:

|  |  |  |
| --- | --- | --- |
| Model | License Plate # | Vehicle ID # |
|  |  |  |
|  |  |  |
|  |  |  |

(IF THE DEPARTMENT HAS A POLICY STATING IT WILL NOT TRANSPORT SUSPECT PERSONS TO THE HEALTH CARE FACILITY IN DEPARTMENT VEHICLES, THE DEPARTMENT POLICY MAY BE REFERENCED HERE AND THE SECTION ABOVE MAY BE DELETED.)

(IF A DEPARTMENT DOES NOT HAVE VEHICLES THAT MEET THE CRITERIA IN THE REGULATION BUT DOES TRANSPORT PERSONS TO THE HEALTH FACILITY, THIS SHOULD BE STATED IN THE PROGRAM AND THE VEHICLE INFORMATION ABOVE CAN BE DELETED. THE PROGRAM SHOULD STATE THE OFFICERS INVOLVED IN THE TRANSPORT OF A SUSPECTED ATD CASE WILL USE N95 RESPIRATORY PROTECTION UNLESS THE USE OF RESPIRATORY PROTECTION WOULD RESULT IN A SAFETY HAZARD. THE OFFICERS WILL CONSIDER THE DURATION OF THE TRANSPORT OPERATION, THE SIGNS AND SYMPTOMS BEING EXHIBITED, AND ANY POTENTIAL SAFETY HAZARDS PRESENTED BY THE USE OF AN N95 RESPIRATOR DURING THE SPECIFIC OPERATION.)

# Cleaning and Disinfection Procedures

The Police Department is required to clean and disinfect all contaminated work surfaces with the approved sanitizer after any exposure from a suspected or confirmed ATD case. Contaminated work surfaces include exposed areas at the police station and all transport vehicles.

The approved cleaning and disinfecting materials along with appropriate personal protective equipment must be available at each facility, including all transport vehicles. Supplies are located at (EACH DEPARTMENT MUST REFERENCE ITS SITE-SPECIFIC CLEANING AND DISINFECTION PERIODIC CLEANING SCHEDULE AND PROCEDURES, E.G. WHO IS EXPECTED TO PERFORM CLEANING OF FACILITIES, HOW FREQUENTLY WILL CLEANING BE PERFORMED, WHAT WILL BE CLEANED INCLUDING VEHICLES OR EQUIPMENT, SPECIFIC CLEANING PRODUCTS APPROVED FOR USE AND PERSONAL PROTECTION TO WEAR DURING THE PROCEDURE. ENTER SPECIFIC LOCATIONS OF CLEANING MATERIALS IN DEPARTMENT FACILITIES AND VEHICLES. OR ENTER THE NAME OF THE CONTRACT CLEANING SERVICE AND THE DEPARTMENT POLICY REGARDING THE USE OF THE SERVICE.)

# Communication Procedures

The ATD Administrator is responsible for communicating with department employees who have had contact with a suspected ATD case when another employer, local health authorities, or the health care provider notify the department of a confirmed ATD case. ***The Police Department is also responsible for communicating the information to other employers involved in the exposure incident (e.g. fire department, ambulance service) to the extent that exposure information is available.***

When the diagnosing health care facility reports an ATD case to the local public health officer, the department will receive notification of a confirmed case from the health care facility and/or the local public health officer. The ATD Administrator or the Watch Commander is responsible for implementing the following communication procedures upon notification:

* Receive feedback from the local health authority or the health care provider on the disease status of the suspected ATD case. (INSERT DEPARTMENT PROCEDURES TO *RECEIVE* INFORMATION FROM THE LOCAL HEALTH AUTHORITY OR HEALTH CARE FACILITY WHERE PATIENTS WERE REFERRED. *INCLUDE COMMUNICATION PROCEDURES TO RECEIVE INFORMATION AFTER HOURS AND WEEKENDS*.)
* ***Immediately*** contact other employers who had employees involved in the specific exposure incident *no later than 72 hours after receiving notification*. **(Note:** This is a *maximum* timeframe and would not be considered appropriate for an illness such as meningitis where life threatening illness may develop within 48 hours. The department will adjust the timeframe depending on the nature of the specific illness and input from the local health officer.) ***The department will not provide the identity of the source patient to other employers.***
* (INSERT A DEPARTMENT CONTACT LIST FOR YOUR JURISDICTION FOR OTHER EMPLOYERS TYPICALLY INVOLVED IN EXPOSURE INCIDENTS, I.E. FIRE DEPARTMENT, AMBULANCE SERVICE, POLICE DEPARTMENTS WITH MUTUAL AID AGREEMENTS, HOMELESS SHELTERS, DRUG TREATMENT CENTERS, ETC. INSERT DEPARTMENT PROCEDURES FOR CONTACTING OTHER EMPLOYERS. BE SURE TO INCLUDE AN APPROPRIATE CONTACT FOR EACH EMPLOYER TO ENSURE EFFECTIVE COMMUNICATION.)
* ***Immediately*** communicate with affected department employees about the confirmed ATD case and indicate that an exposure analysis is in progress with completion expected *no later than 96 hours after receiving notification.* **(Note:** This is a *maximum* timeframe and would not be considered appropriate for an illness such as meningitis where life threatening illness may develop within 48 hours. The department will adjust the timeframe depending on the nature of the specific illness and input from the local health officer.) (INSERT DEPARTMENT PROCEDURES TO NOTIFY THE AFFECTED DEPARTMENT EMPLOYEES.)

* Begin the analysis of the exposure incident and report the results to the affected employees within 72 hours after receiving notification except where the nature of the illness requires immediate action.
* Notify affected employees of the results of the analysis *within 96 hours of receiving notification except where the nature of the illness requires immediate action*. Refer employees with significant exposure for medical evaluation as soon as possible. (See Exposure Incident and Post-Exposure Evaluation Section.)

# Exposure Incident Analysis and Post-Exposure Evaluation

ATD Exposure Incident Analysis

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

* An employee has been exposed to a person who is a case/suspected case of a reportable ATD, and
* Source control and risk reduction measures were not present or utilized, and
* It reasonably appears from the circumstances of the exposure that transmission of the ATD is likely to require medical evaluation

If an exposure incident occurs, the Police Department will take the following steps within 72 hours after receiving notification except where the nature of the illness requires immediate action:

* The ATD Administrator will conduct an analysis of the exposure scenario to determine which employees had significant exposures. Appendix C, ATD Exposure Incident and Notification Checklist, will be used to document the incident analysis. (USE OF THE CHECKLIST IS OPTIONAL. THE FORM HAS BEEN PROVIDED TO ASSIST THE DEPARTMENT IN DOCUMENTING THE INFORMATION THAT MAY BE REQUIRED FOR COMMUNICATION AND POST-EXPOSURE EVALUATION SHOULD THE DEPARTMENT RECEIVE NOTIFICATION OF A CONFIRMED ATD CASE. IF THE DEPARTMENT HAS A COMPARABLE TRACKING SYSTEM IN PLACE, THE RELEVANT INFORMATION CAN BE INSERTED IN PLACE OF THE CHECKLIST IN THE SAMPLE PROGRAM.)
* The ATD Administrator will notify employees who had significant exposure of the date, time, and nature of the exposure.
* The ADT Administrator will determine if any other employer’s employees have been exposed and notify the employer.

Post-Exposure Evaluation and Follow-Up

In the event of an exposure incident, the Police Department will provide a post-exposure medical evaluation, as soon as feasible, to all employees who had a significant exposure. All post-exposure evaluations will be performed by (INSERT OCCUPATIONAL HEALTH PROVIDER WITH INFECTIOUS DISEASE SPECIALISTS):

|  |  |
| --- | --- |
| Occupational Health ProviderInfectious Disease Specialist: |  |
| Address: |  |
| Phone Number: |  |

The Police Department will provide the health care professional with the following information:

* A copy of CCR, Title 8; Section 5199 located at <http://www.dir.ca.gov/title8/5199.html>
* A description of the exposed employee’s duties as they relate to the exposure incident
* The circumstances under which the exposure incident occurred
* Any available diagnostic information relating to the source of the exposure that could assist in the medical management of the employee
* The police department’s medical records for the exposed employee(s)

The Police Department will request the following information from the health care professional:

* An opinion regarding whether precautionary removal from the employee’s regular assignment is necessary to prevent spread of the disease agent and what type of alternate work assignment may be provided
* A written opinion from the health care professional limited to the following information:
	+ The employee’s test and infectivity status
	+ 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
	+ A statement that the employee has been told about any medical conditions resulting from the exposure that require further evaluation or treatment
	+ Any recommendations for precautionary removal from the employee’s regular assignment
	+ Any limitations on respirator use related to the medical condition of the employee or the working conditions in which the respirator will be used

All other findings or diagnoses will remain confidential and will not be included in the written report. The Police Department will obtain and provide the employee with a copy of the written opinion within 15 working days from the completed medical evaluation.

# Medical Services

Vaccination Recommendations

The Police Department offers and recommends all employees in the identified job classifications in the Occupational Exposure Determination Section receive the following vaccination at no cost to the employee:

|  |  |
| --- | --- |
| Vaccine | Schedule |
| Seasonal Influenza | One dose annually |

If the employee declines to accept the vaccination, he or she must sign the Declination Statement (Appendix B) and forward to (NAME/TITLE/DEPARTMENT) for required record keeping.

**Note:** Seasonal influenza vaccine will be provided during the period designated by the CDC for administration and need not be provided outside of those periods.

**Latent Tuberculosis Infection (LTBI) Annual Test**

The Police Department maintains a surveillance program for LTBI. All employees in the identified job classifications in the Occupational Exposure Determination Section will receive annual TB tests. (Refer to Appendix D for the complete definition of LTBI.)

Employees with a positive baseline TB test will have an annual symptom screen.

If the employee’s TB test indicates a conversion (a change in the TB test results from negative to positive) the Police Department will refer the employee to the following health care professional (INSERT OCCUPATIONAL HEALTH PROVIDER WITH INFECTIOUS DISEASE SPECIALISTS KNOWLEDGEABLE IN THE TREATMENT OF TUBERCULOSIS):

|  |  |
| --- | --- |
| Occupational Health ProviderInfectious Disease Specialist: |  |
| Address: |  |
| Phone Number |  |

In the case of a conversion, the department is responsible for following requirements in the regulation:

* Provide a copy of the ATD regulation (8 CCR 5199) and the employee’s TB test records to the health care provider.
* If the department has determined the source of the infection, the department will also provide any available diagnostic test results including drug susceptibility patterns relating to the source patient.
* The department will request with the employee’s consent that the health care provider perform any necessary diagnostic tests and inform the employee about appropriate treatment options.
* The department will request the health care provider determine if the employee is a TB case or suspected case and to do all of the following:
	+ Inform employee and the local health officer in accordance with Title17
	+ Consult with the local health officer and inform the employer of any infection control recommendations related to the employee’s activity in the workplace
	+ Recommend whether precautionary removal from the employee’s regular assignment is necessary to prevent the spread of disease by the employee and what type of alternate work assignment may be provided; the department will request the recommendation for precautionary removal immediately via phone or fax and that a written opinion within 15 days containing the information outlined in paragraph (h)(9) of the regulation
* In cases where the health care provider or local health officer recommends precautionary removal from regular job duties, the department will maintain the employee’s earnings, seniority, and other employee rights and benefits, including the employee’s right to his or her former job status, as if the employee had not been removed from his/her job. These provisions do not extend to any period of time during which the employee is unable to work for reasons other than precautionary removal.

# Training

All employees with an occupational exposure will receive training:

* At the time of initial assignment to tasks where occupational exposure may occur
* At least annually thereafter
* When changes such as introduction of new engineering or work practice controls or modification of tasks affect the employee's occupational exposure

Training will be interactive and tailored to the education and language level of all exposed Police Department employees. It will include the following:

* An explanation of ATDs, including the signs and symptoms that require further medical evaluation
* Screening methods and referral procedures
* Source control measures and how these measures will be communicated to persons the employees contact
* Procedures for temporary risk reduction measures prior to transfer
* Respiratory protection training
* Review of the medical services provided
* Exposure incident reporting procedures and communication procedures
* Vaccine information and education
* Location of written procedures (ATD Control Procedures and Respiratory Protection Program) and how employees can provide feedback on the effectiveness of the procedures

The training will be offered during the normal work shift and will include an opportunity for questions and answers with a person who is knowledgeable about the police department’s exposures and ATD control procedures. Training not given in person (e.g. web-based training or training videos) will provide for interactive questions to be answered within 24 hours by a knowledgeable person.

# Record Keeping

The ATD Administrator will maintain:

* Employee training records
* Employee medical records (including vaccination records, declination forms, post-exposure medical evaluations)
* Exposure incident records (including the ATD Suspect Case Referral Log)
* Inspection, testing, and maintenance records for engineering controls (If applicable, records of building ventilation system and other air handling systems or air filtration systems for holding cells or rooms where suspect ATD cases await transfer, or smoke tests for vehicles used to transport suspect ATD cases without the use of employee respiratory protection)
* Respiratory Protection Program records per Title 8 CCR Section 5144, Respiratory Protection and the department program
* Records of annual ATD procedures review

Employee training records will include the following information:

* The date(s) of the training session(s);
* The contents or a summary of the training session(s);
* The names and qualifications of persons conducting the training or those who are designated to respond to interactive questions; and
* The names and job titles of all persons attending the training sessions.

Training records will be maintained for three years from the date on which the training occurred.

Employee medical records for each employee with an occupational exposure incident will include:

* The employee name and employee identification.
* The employee’s vaccination status since employed with the NAME OF POLICE DEPARTMENT. This includes dates of vaccinations, declination statements, and medical records relative to the employee’s ability to receive vaccinations.
* A copy of examination results, medical testing, evaluation, and follow up of exposure incidents.
* A copy of all written opinions provided by the health care professionals as required and following an exposure incident and/or the results of TB assessments.

The NAME OF POLICE DEPARTMENT will ensure employee medical records are kept confidential and are not disclosed or reported without the employee’s written consent to any person within or outside the workplace expect as required by this regulation and by law. Medical records are retained and coordinated by the Human Resource Department (INSERT NAME/DEPARTMENT IF NOT HR).

Records will be maintained per Title 8, CCR, Section 3204, Access to Employee Exposure and Medical Records, and made available upon employee request. Employee medical records will be maintained for at least the duration of employment plus 30 years.

Engineering control records, if applicable, will be maintained for a minimum of five years and will include the names and affiliations of the persons performing the test, inspection, or maintenance; the date; and any significant findings or corrective actions.

# ATD Control Procedures Review

An annual review of the ATD Control Procedures will be conducted by the ATD Administrator and by employees regarding the effectiveness of the procedures in their respective work areas. Deficiencies found will be corrected. The review(s) will be documented in writing and reviewed by the Chief of Police. Corrective actions will be initiated where identified.

**Appendix - A**

**Signs and Symptoms of Common Aerosol Transmissible Diseases**

**Acellular Pertussis (Whooping cough)**

* Severe coughing spell that ends in a “whooping” sound
* Runny nose
* Sneezing
* Low-grade fever

**Coronavirus (COVID-19)**

* Fever
* Tiredness
* Dry cough
* Aches & pains
* Nasal congestion
* Runny nose
* Sore throat
* Diarrhea
* Elderly and persons with a compromised immune system are more likely to develop serious illness.

**Diphtheria**

* Sore throat/hoarseness
* Painful swallowing
* Swollen glands (neck)
* Thick, gray membrane covering throat and tonsils
* Rapid breathing
* Fever and chills

**Influenza/H1N1**

* No energy
* High fever 100 - 105° F
* Bad headaches
* Aching muscles/joints
* Eye pain, discomfort in bright light
* Coughing and sore throat
* Shortness of breath
* Persistent vomiting
* Confusion and dizziness

**Measles (Rubella)**

* Full body rash - small red spots with white center inside the mouth
* Hacking cough
* Runny nose
* High fever
* Red eyes

**Mumps**

* Swelling of the salivary glands
* Fever lasting two-three days
* Sore muscles
* Loss of appetite
* Headache
* Earache aggravated by chewing
* Aversion to light and a stiff neck
* Abdominal pain, nausea, and vomiting

**Severe acute respiratory syndrome (SARS)**

* Headache
* An overall feeling of discomfort
* Body aches
* Chills
* Sore throat
* Runny nose
* Diarrhea

**Tetanus**

* Fever
* Breathing difficulty
* Stiffness and spasms in the jaw, neck, chest, back, and abdomen

**Tuberculosis**

* Unexplained weight loss
* Fatigue
* Fever
* Night sweats
* Chills
* Loss of appetite
* Coughing that lasts three or more weeks
* Coughing up blood
* Chest pain or pain with breathing or coughing

**Varicella Zoster (VZV) - Chickenpox**

* Blisters filled with fluid
* Mild fever
* Backache
* Headache
* Sore throat
* Rash (red spots)