

# CHAPTER 4

## AIRBORNE TRANSMISSIBLE DISEASE EXPOSURE CONTROL PLAN

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# AEROSOL TRANSMISSIBLE DISEASE EXPOSURE CONTROL PLAN

## 1. PURPOSE

The Aerosol Transmissible Disease (ATD) Exposure Control Plan is designed to protect employees against infectious diseases spread by aerosols. An Aerosol Transmissible Disease (“ATD”) is a disease that can be transmitted by an aerosol (a gaseous suspension of fine, solid, or liquid particles). An ATD-Zoonotic (“ATD-Z”) is a disease that is transmissible from animals to humans by an aerosol, and capable of causing human disease.

## 2. SCOPE & AUTHORITY

This ATD Exposure Control Plan (Plan) sets forth the minimum standards for all County departments with employees, volunteers, and/or interns (hereinafter “employee”) who have occupational exposure to ATDs.

Occupational exposure is 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 operations such as correctional and healthcare facilities.

This Plan establishes procedures for protecting employees with occupational exposure to known and novel infectious pathogens and is drawn from Title 8, California Code of Regulations (§5199 Aerosol Transmissible Diseases, and §5199.1 Aerosol Transmissible Diseases - Zoonotic) known as the Cal/OSHA’s Aerosol Transmissible Disease Standard (“The Standard”).

This Program also functions as our COVID-19 Prevention Program, which applies to all employees not already covered by The Standard. See Addendum - COVID-19 Prevention Program (CPP) and is drawn from §3205 COVID-19 Emergency Temporary Standards and other relevant sources.

## 3. DEPARTMENT SOURCE CONTROL PROCEDURES: MEASURES AND EQUIPMENT

Departments will develop and implement effective written source control procedures that include, but are not limited to the following elements:

1. Isolation or self-quarantine of confirmed or suspected cases or contacts, and provision of masks and/or hygiene materials to those individuals;
2. Use of engineering and work practice controls to minimize exposures to ATPs and ATPs-L;
3. Where these source controls are not feasible or sufficiently protective, provision of appropriate Personal Protective Equipment (“PPE”), such as respiratory protection approved by National Institute for Occupational Safety and Health (“NIOSH”), and assurance that employees use it, consistent with the [County’s Respiratory Protection Plan](#);
4. Adherence to infection control measures, including applicable and relevant recommendations provided by the Centers for Disease Control and Prevention (CDC).

5. Decontamination procedures for equipment and work areas; and
6. For certain clinical settings, effective procedures for the screening and isolation/transfer of confirmed and suspected cases of Airborne Infectious Disease (“AirID”) cases to appropriate treatment facilities for applicable departments.

#### **4. DEPARTMENT ATD EXPOSURE CONTROL PLANS**

Each Department shall create a department specific ATD Exposure Control Plan (Dept. Plan) based on the Occupational Exposure of its employees. Dept. Plans shall be made available to the County Program Administer, and include the following elements:

1. Assignment of a Department Program Administrator and Alternate, by name or job title, to be identified in the Dept. Plan;
2. List of all job classifications that may have occupational exposure;
3. List of all high hazard or aerosol-generating procedures performed by employees of the department (as defined in §5199(d) of the Standard);
4. List of all assignments or tasks requiring PPE or respiratory protection;
5. List of source control measures for high hazard assignments or tasks;
6. Method of informing people entering the work setting of source control measures to implement;
7. Procedures for identifying, temporarily isolating, and referring or transferring AirID cases or suspected cases;
8. Procedures to provide medical services, including recommended vaccinations and follow-up;
9. Procedures for ensuring PPE is available for routine operations and foreseeable emergencies to minimize exposure to employees;
10. Program for initial and annual training, with training records retained for at 3-years;
11. Procedure for active involvement of employees in regularly reviewing and updating the Dept. Plan at least annually;
12. Procedure for the results of reviews, such as deficiencies and corrections, to be documented in writing and retained for 3-years, and
13. Procedures for surge events (rapid, increased demand for health-related services in the event of an epidemic, public health emergency, or disaster) for applicable departments.

#### **5. TRAINING**

- A. Training shall be provided at the time of initial assignment of new tasks and/or procedures identified as having occupational exposure. In addition, training will be provided at least annually thereafter (not to exceed 12-months from the previous training) on topics required by The Standard, including but not limited to:
  1. Accessible copies of §5199, §5199.1 ATD – Zoonotic, and an explanation of the contents;
  2. General explanation of ATDs, including signs and symptoms of ATDs that require further medical evaluation;
  3. Modes of transmission of ATPs and source control measures;
  4. A description of TB surveillance procedures;
  5. Procedures to follow in the event of an exposure incident, including the method of reporting, medical follow-up, and post-exposure evaluation provided by the department;

6. Information related to vaccine efficacy, safety, method of administration, and benefits of being vaccinated;
7. Communication that vaccinations are made available free of charge through the Occupational Medical Services Provider (“OMSP”);
8. Guidelines and policies for remaining home when sick/symptomatic, telecommuting, and sick leave; and
9. The means by which an employee can obtain a copy of the County’s Plan and how to provide input as to its effectiveness.

**B.** Upon completion of training, employees shall have the opportunity to ask any questions they may have regarding the Program and/or the Department Plan; answers will be provided within 24 hours.

## **6. MEDICAL SERVICES**

### **A. General**

1. Medical services, including vaccinations, tests, examinations, evaluations, determinations, procedures and medical management follow up will be:
  - a. Performed by or under the supervision of a physician or other licensed healthcare professional; and
  - b. Provided in accordance with the County Public Health Department (“Public Health”) guidelines and provided in a manner that ensures the confidentiality of employees and patients.
2. Laboratory tests shall be conducted by an accredited laboratory.

### **B. Vaccinations**

1. All employees with potential occupational exposure to ATDs and/or ATD-Zs will be offered appropriate vaccinations at no cost, upon hire, after training, and within 10 working days of initial assignment.
  - a. Vaccinations for ATDs may include influenza, measles, mumps, rubella (MMR), tetanus, diphtheria, acellular pertussis (Tdap), and Varicella.
  - b. Vaccinations for ATD-Zs may include rabies and tetanus (Td) as determined by the County Health Officer.
2. Employees in laboratory operations outside of healthcare settings, and within the scope of subsection (f) of the Standard, shall be offered appropriate vaccines in accordance with the current edition of Biosafety in Microbiological and Biomedical Laboratories (BMBL) for ATP-L associated with their specific laboratory.
3. Employees who decline to accept any vaccination made available shall sign a Vaccination Declination Form indicating each type of vaccine declined.
4. If an employee initially declines a vaccination, but later decides to accept the vaccination (and remains employed by the County in a job classification with occupational exposure), the vaccination will be made available to the employee within 10 days of receiving a written request by the employee.
5. Where a recommended vaccine is not readily available to an employee qualifying under the Standard, efforts to obtain the vaccine will be made by the OMSP and the employee will wait to perform tasks with occupational exposure. The OSMP will communicate with Personnel

who will notify the department of the availability of the vaccine.

### **C. Tuberculosis Screening**

Screening for Tuberculosis (“TB”) includes both symptom evaluation and testing.

#### **1. Symptomatic Employees**

- a. Supervisory personnel should be concerned about any employee exhibiting symptoms of infectious active pulmonary TB disease (“Active TB”).
- b. Supervisors should consult with their Department Program Administrator when determining whether a symptomatic employee should be referred for medical evaluation. The department shall refer symptomatic employees who are potential suspect cases to the OMSP for evaluation.
- c. Symptoms of Active TB disease include:
  - i. chronic coughing for longer than one month,
  - ii. unexplained weight loss,
  - iii. blood in expectorations,
  - iv. fatigue,
  - v. unexplained night sweats,
  - vi. chronic or intermittent low-grade fever, and/or
  - vii. chest pain.
- d. Once an employee is referred as a potential suspect case, the plan for an exposure incident will be followed.

#### **2. Required Testing**

Some healthcare employees may be required by law to receive initial testing and/or annual screening. Departments with healthcare personnel shall ensure that their employees who require testing adhere to the required schedule (i.e., employees who work in facilities outlined in Title 22 California Code of Regulation).

Testing of other County employees may be required based on their presence as a County employee in certain environments, such as corrections, schools, etc. Departments are responsible to determine the occupational exposure of their employees.

#### **3. New Employees with Occupational Exposure**

- a. TB assessment will be made available to all employees with conditional offers before reporting for a new appointment to a job classification identified as having occupational exposure.
- b. Individuals who have tested positive may submit to a chest X-ray to aid in determining the infection’s state of activity.
- c. If the chest X-ray reveals active TB disease, the individual will be referred to their private physician for treatment.
- d. Appointment of individuals with active TB disease shall be suspended by the department until the individual is cleared for duty by Public Health.
- e. Non-mandated employees who decline to be tested shall be required to complete the Testing Declination Statement: Tuberculosis.

4. Current Employees and Employees Newly Assigned to Jobs with Occupational Exposure
  - a. When a current employee is assigned to a position or duties with occupational exposure where such exposure was not previously a hazard, a TB assessment will be made available with the OMSP.
  - b. Employees whose baseline test results are negative will be offered TB screening annually.
  - c. The first time an employee's test results are positive, they shall be referred to the OMSP to be informed regarding treatment options and offered diagnostic testing and treatment for Latent Tuberculosis Infection ("LTBI").
  - d. Employees who have previously tested positive but are asymptomatic will undergo annual TB symptom evaluation and a reassessment of their interest in treatment for LTBI with the OMSP.
  
5. All Employees
  - a. The choice to undergo recommended X-Ray testing will be made at the discretion of the employee. Refusal will be documented.
  - b. The choice to receive preventative LTBI medication will be made at the discretion of the employee and the physician. Refusals will be documented.
  - c. At any time, the OSMP or County Health Official or designated Public Health professional may recommend precautionary removal of an individual who refuses recommended testing.

## **7. TUBERCULOSIS EXPOSURE INCIDENT ACTION PLAN**

### **A. Exposure Communication**

Employees who have been exposed to individuals with infectious disease must immediately notify their supervisor. Once a supervisor, Department Program Administrator, and/or Department Head becomes aware that an employee may have been exposed to Active TB disease, all of the following shall occur in accordance with §5199:

1. Supervisors will document a TB exposure on a Supervisor's Incident Report and submit the report to Risk Management - Workers' Compensation;
2. Supervisors will notify the Department Head and the Department Program Administrator of any exposure incident;
3. The Department Head or designee will notify the County Health Officer and the County Program Administrator of any exposure incident immediately;
4. When an employee has been diagnosed as a confirmed TB disease case, Public Health will take the lead in determining the extent of exposure and notifications to other impacted individuals.
5. In no case, shall the notification to an exposed employee be longer than 72 hours after the report to the County Health Officer; and
6. Employees who have been exposed will complete a report of Employee Injury form (DWC1).

### **B. Diagnosis and Determination**

1. Employees who have had exposure to active TB disease shall be referred to the OMSP for TB testing immediately.
2. The OMSP will be asked to determine whether the employee is a TB case or a suspected case and instructed to provide appropriate testing and treatment upon receiving consent from the

employee.

3. If test results are negative, the employee shall undergo follow-up testing in 8-10 weeks to allow sufficient time for immune response to occur.
4. If an exposed employee declines testing, the OMSP will make a recommendation regarding precautionary removal and Public Health will be consulted to determine whether they may report to work.
5. If the employee tests positive but refuses recommended treatment, a determination will be made by Public Health as to whether they may report to work and under what conditions they will be allowed to return.
6. If the OMSP determines the employee to be either a suspected or a positive TB case, the individual may undergo precautionary removal and may not return to work until cleared by Public Health.
7. Following an exposure event, evaluation of the incident will take place to determine cause and to revise existing procedures as needed in an effort to prevent future incidents.

## **8. ATD EXPOSURE INCIDENT ACTION PLAN**

Employees who have been exposed to individuals with infectious disease must immediately notify their supervisor. Once a supervisor, Dept. Program Administrator, and/or Department Head becomes aware that an employee or employees may have been exposed to an ATP (“AirID Cases”), all of the following shall occur in accordance with §5199:

### **A. Exposure Communication**

1. Within 72 hours of becoming aware of the potential exposure, Department Heads or their representatives will notify employees who had significant exposures of the date, time, and nature of the exposure.
2. All employees who had a significant exposure will be offered post-exposure medical evaluation.

### **B. Diagnosis and Determination**

1. A recommendation regarding precautionary removal in accordance with §5199 (h)(8) and a written opinion in accordance with §5199 (h)(9) will be requested from the OMSP.
2. Within 72 hours of giving notice of exposure to the County Health Officer, Public Health will take the lead to conduct an analysis of the exposure scenario to determine which employees had significant exposures, in accordance with relevant requirements. This analysis shall be documented in writing.
3. No later than 15 working days after the completion of all medical evaluations required, each employee will be provided with a copy of the OMSP’s written opinion.
4. Following an exposure event, evaluation of the incident will take place to determine cause and to revise existing procedures as needed in an effort to prevent future incidents.

## **9. RECORDKEEPING**

### **A. Availability of Records**

1. All records required to be maintained by this program shall be made available upon request to the Chief of the California Division of Occupational Safety and Health and designated representatives for examination and copying.
2. Employee training records, the exposure control plan (or biosafety plan for labs with no direct patient contact), and records of implementation of the ATD exposure control plan, other than medical records containing individually identifiable medical information, shall be made available as employee exposure records in accordance with §3204(e)(1) to employees and employee representatives.

#### **B Medical Records**

1. Records, including TB infection screening (TB test) results, vaccination records, and declinations will be maintained confidentially in individual employee personnel medical record files and maintained at the OMSP's office for the duration of employment and for thirty years.
2. Health Insurance Portability and Accountability Act of 1996 (HIPAA) compliance standards will be met and appropriate authorization to disclose medical information with other medical providers will be secured as necessary.

#### **C. Training Documentation**

1. Records of initial training at time of placement in a position with occupational exposure will be maintained by Personnel for a minimum of 3 years from date of document.
2. Annual training records will be maintained by individual departments for a minimum of 3 years from the date on which the training occurred and recorded in the Shasta County training database designated by the County Safety Officer.

#### **D. ATD Exposure Control Plan Records**

1. Records of the implementation of, and annual reviews of the ATD Plan, and Department Plans shall be kept for 3 years.
2. Records of exposure incidents shall be retained in individual employee personnel medical record files and made available as employee exposure records in accordance with §3204.
3. Records of the unavailability of a vaccine shall include the name of the person who determined that the vaccine was not available, the name and affiliation of the person providing the vaccine availability information, and the date of the contact. This record shall be retained for 3 years.

### **10. RESPONSIBILITIES**

#### **A. County Program Administrator**

1. Is the County Safety Officer. An Alternate Program Administrator will be selected by the County Program Administrator and shall be capable of acting in the place of the County Program Administrator with equal responsibility and authority.
2. Oversees the periodic update of the Program and Job Classification Schedule, in coordination with Department Heads, Department Plan Administrators, and/or Public Health.
3. Provides consultation, support, leadership, training, and direction related to Department Plans and implementation of the Program.
4. Assists with determining contract provisions for any OMSP to achieve compliance with the requirements of this Program.



5. Assists with identification of suspect ATD/TB Disease cases in cooperation with the OMSP, Public Health and department representatives.
6. Ensures a list of approved providers of medical evaluation/follow-up treatment, prepared by Risk Management - Workers' Compensation, is made available to Department Heads.

#### **B. Department Head**

1. Designates a Department Plan Administrator and an Alternate that are knowledgeable of infectious control principles and with the authority to develop and implement a written Department Plan.
2. Provides timely responses to requests for periodic update of the Program and the Job Classification Schedule (Appendix A of the Shasta County IIPP).
3. Notifies appropriate employees within the department that may have been exposed to infectious ATD/TB disease and notifies Risk Management – Workers' Compensation. Consultation with the OMSP and/or Public Health should be obtained when determining the extent of notification.

#### **C. Department Program Administrator**

1. Ensures a Department Plan and source control procedures are established, implemented, reviewed annually, and maintained, with documentation of deficiencies found and corrective actions implemented.
2. Retains records pertinent to the Department Plan according to County records retention policy.
3. Ensures the Department Plan is made available to affected employees, employee representative, and any regulatory inspector for examination or copying.
4. Ensures provision of required safeguards, including training, PPE/respirators, and medical services, at no cost to the employee, at a reasonable time and place for the employee, and during the employee's working hours.
5. Ensures employee attendance at medical appointments.
6. Investigates all employee exposures and facilitates the correction of ATD-related safety and health hazards.
7. Assists with investigation to verify/determine source of ATD exposure and reports suspect and confirmed cases to the County Health Officer, Department Head, and County Program Administrator.
8. Documents the source status (if known), source control measures, engineering controls in place, and PPE used by the employee at the time of exposure.
9. Refers infectious TB disease-exposed employees to the OMSP with notification to Risk Management - Workers' Compensation.
10. Ensures modifications to the Department Plan are made, as needed, after evaluations of exposure events and/or annual reviews.

#### **D. Supervisor**

1. Knows where the Plan is located and ensures it is followed in their area(s) of responsibility, including employee compliance with established procedures.
2. Ensures each affected employee under their direction is trained as required by this Program and that training documentation is retained for a minimum of 3 years.

3. Ensures that medical services required by this program, such as medical surveillance, evaluations, testing, vaccinations, and post-exposure treatment are made available to employees at no cost or loss in pay, at a reasonable time and place for the employee, and during the employee's working hours.
4. Tracks annual TB tests and provides employees the opportunity for follow-up tests as needed.
5. Assists with identification of employees who reasonably might have been exposed to a confirmed ATD case.
6. Ensures the DWC-1 Form has been completed for any employees exposed to individuals with infectious TB disease and submitted to Risk Management – Workers' Compensation.
7. Ensures that when an employee is removed from the workplace and until the employee is determined to be noninfectious, the employee's earning, seniority, and all other employee rights and benefits are preserved.

#### **E. Personnel**

1. Sends new employees to OMSP prior to commencing employment for vaccination consultation and TB testing.
2. Sends current employees transferring into a new position with new occupational exposure to OMSP for vaccination consultation and TB testing prior to commencing new position, as applicable.
3. Maintains medical records for each employee separate from other records for 30 years after termination of employment.
4. Provides OMSP with available medical records required to perform services requested, such as vaccination records.
5. Coordinates with Risk Management to ensure that the list of job classifications with occupational exposure is kept up to date.

#### **F. Employee**

1. Follows all guidelines and procedures related to the Department Plan, refraining from performing tasks they are not trained to perform.
2. Reports to OMSP for evaluation/consultation as referred by supervisor, within 24 hours of exposure incident when possible, and either receives vaccination(s) or signs appropriate Declination form(s).
3. Returns to medical professional for all necessary follow-up medical care.
4. Wears PPE as prescribed.
5. Immediately reports all exposures, injuries, and/or known safety deficiencies or potentially hazardous conditions to their supervisor. In no event will a report be made later than the end of the workday the incident occurred.
6. Makes recommendations of potential prevention and control measures to their supervisor.

#### **G. Risk Management**

1. Receives all reports of exposure incidents and audit information provided to ensure accuracy.
2. Performs proper reporting to State of California for OSHA 300 reporting purposes related to exposure incidents.
3. Monitors all post-exposure medical evaluation/follow-up treatment to ensure that care is provided in a non-adversarial manner, and according to established guidelines.

## **H. County Health Officer**

1. Provides consultation to Department, County Program Administrator, and/or OMSP to identify when employee duty assignments have a potentially elevated risk of exposure to ATDs higher than what is considered ordinary for employees having direct contact with the general public. May consult occupational health expert to make determinations.
2. Provides consultation to affected departments concerning ATD/TB disease exposure control and makes recommendations regarding vaccinations, prophylaxis, and medical surveillance.
3. Leads investigation of potential source individuals.
4. Notifies the California Department of Public Health of any Reportable ATDs.
5. Ensures procedures for surge events are in place for healthcare settings.
6. Provides consultation to Department, Risk Management, and/or OMSP when requested for conducting an analysis of post exposure scenarios to determine which employees had significant exposures and the extent of notifications.
7. Recommends any necessary precautionary removal of employee(s).

## **I. Occupational Medical Services Provider**

1. Provides employees with occupational exposure education and services related to vaccinations against ATDs and related to post-exposure incident services, as authorized by the employer, in accordance with the Standard.
2. Tracks employees to ensure completion of immunization series for pre-employment and for post-exposure needs.
3. Completes and signs the Vaccination Disposition Report, noting any vaccination disposition, and immunity determination.
4. Administers TB tests (including skin tests as well as chest X-rays for positive conversion results) to employees with occupational exposure prior to assignment, and annually thereafter if negative. Administers tests to employees exposed to source cases.
5. Documents any employee vaccination declinations by requiring the employee to sign and date the appropriate Vaccination Declination Statement(s).
6. Obtains employee consent to provide copies of all medical reports and test results to Shasta County Department of Support Services - Personnel.
7. Provides confidential copies of written opinions, completed forms, and other documentation pertinent to requested medical services to Shasta County Department of Support Services.  
All reports are to be sent in a sealed envelope marked:  
"Medically Sensitive and Confidential Information - to be opened by Addressee only",  
and addressed to:  
Shasta County Support Services, 1450 Court Street, Rm. 348, Redding, CA 96001-1676
8. Complies with all Title 17 reporting requirements, including notifying the County Health Officer of any confirmed TB cases.
9. Cooperates with Public Health in identification of suspect TB cases.
10. Ensures appropriate requests are initiated to determine the status of source individual, or establishes that such status is legally or otherwise unobtainable.
11. Arranges referral of suspect TB disease cases to off-site locations capable of providing confirmative testing, adequate treatment and isolation in consultation with Public Health.

## 11. Sources

[California Code of Regulations, Title 8, Section 5199. Aerosol Transmissible Diseases.](#)

[California Code of Regulations, Title 8, Section 5199.1. Aerosol Transmissible Diseases - Zoonotic.](#)

[Vaccine Information Statement: Rabies Vaccine - what you need to know \(cdc.gov\)](#)

Rabies [Pre-exposure Prophylaxis \(PrEP\) | Prevention | CDC](#)

### **Addendum - COVID-19 Prevention Program (CPP)**

This addendum is applicable during the COVID-19 public health emergency. Protocols may be modified based on the ongoing and updated guidance from Cal/OSHA, CDPH, CDC, and other relevant sources. Our CPP is known as the Shasta County Return to Work Guidelines.

To that end, see the document titled “Shasta County COVID-19 Prevention Program ([CPP](#))” from the [County’s intranet page titled COVID-19 Resources](#) and as Appendix B of this IIPP.

### **Appendix – Forms - found on the following pages**



# Vaccination Disposition Report

\_\_\_\_\_  
Name of Employee (Please Print)

\_\_\_\_\_  
Employee ID or Last 4 of SSN

\_\_\_\_\_  
Job Title (Classification)

ATD: Vaccine	Number of Doses	DATE Declined	Declination Signed	DATE Completed	DATE Administered	DATE Next Dose Due	Immune or Contra-indicated
Seasonal Influenza	One, annually		Y / N				Y / N
Measles, Mumps, and Rubella (MMR)	Two, Two, One		Y / N				Y / N
Tetanus, Diphtheria and Acellular Pertussis (TDaP)*	One		Y / N				Y / N
Varicella-Zoster (VSV)	Two		Y / N				Y / N

\* Td booster recommended every 10 years for ATD

ATD-Zoonotic: Vaccine	Number of Doses	DATE Declined	Declination Signed	DATE Completed	DATE Administered	DATE Next Dose Due	Immune or Contra-indicated
Seasonal Influenza	One, annually		Y / N				Y / N
Rabies*	Two		Y / N				Y / N
Tetanus/Diphtheria (Td)	One		Y / N				Y / N

\* Possibly a rabies booster dose within 3-years; see your healthcare professional

\_\_\_\_\_  
Signature of Healthcare Professional

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Date

**Send a copy of this report to Shasta County Support Services** in a sealed envelope marked:

"Medically Sensitive and Confidential Information - to be opened by Addressee only"

Addressed to: Shasta County Support Services, 1450 Court Street, Rm. 348, Redding, CA. 96001-1676

**Provide a copy to the named employee upon request.**



## Vaccination Declination Statement: Seasonal Influenza

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.

Name (Please Print): \_\_\_\_\_

Employee ID or Last 4 of SSN: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## Vaccination Declination Statement: ATD

A. I understand that due to my occupational exposure to aerosol transmissible diseases, I may be at risk of acquiring infection with **Rubeola, Paramyxovirus, and/or Rubella**. 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 **Measles, Mumps and/or German Measles**, serious diseases. 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.

Initials: \_\_\_\_\_

B. I understand that due to my occupational exposure to aerosol transmissible diseases, I may be at risk of acquiring infection with **Tetanus, Diphtheria and Acellular Pertussis (Tdap)**. I have been given the opportunity to be vaccinated against these diseases or pathogens 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 **Lockjaw, Diphtheria and/or Whooping Cough**, serious diseases. 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.

Initials: \_\_\_\_\_

C. I understand that due to my occupational exposure to aerosol transmissible diseases, I may be at risk of acquiring infection with **Varicella-Zoster**. 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 **Chickenpox**, 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.

Initials: \_\_\_\_\_

Name (Please Print): \_\_\_\_\_

Employee ID or Last 4 of SSN: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## Vaccination Declination Statement: ATD - Zoonotic

I understand that due to my occupational exposure to aerosol transmissible diseases, I may be at risk of acquiring infection with **Rabies** virus. 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 **Rabies**, 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.

Initials: \_\_\_\_\_

I understand that due to my occupational exposure to aerosol transmissible diseases, I may be at risk of acquiring infection with **Tetanus**. 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 **Lockjaw**, 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.

Initials: \_\_\_\_\_

Name (Please Print): \_\_\_\_\_

Employee ID or Last 4 of SSN: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_





## Testing Declination Statement: Tuberculosis

I understand that due to my occupational exposure to aerosol transmissible diseases, I may be at risk of acquiring infection with tuberculosis. I have been given the opportunity to be tested for latent tuberculosis infection (LTBI) at no charge to me. However, I decline this testing at this time. I understand that by declining this testing, I continue to be at increased risk of acquiring tuberculosis, a serious disease. If, in the future, I continue to have occupational exposure to aerosol transmissible diseases and want to be tested, I can receive a test and/or X-Ray at no charge to me.

Name (Please Print): \_\_\_\_\_

Employee ID or Last 4 of SSN: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_