

Beyond The Obvious: A Unique Approach To Safeguarding All Healthcare Professionals

Aerosolized Transmissible Diseases

A New Cal-OSHA Regulation

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Ask Yourself...

I'd like for you to keep in mind the following questions:

- What impact does the ATD regulation have on my county/organization?
- What healthcare groups am I not currently reaching?
- What can I do to reach a wider range of healthcare professionals?



When It All Began...

Aerosolized Transmissible Diseases (ATD)

California Code of Regulations, Title 8, Section 5199

Regulation passed

- September, 2009

Effective date of regulation

- September 1, 2010

Don't be surprised if employers do not know about this!



Health Care Facilities/Services

- Hospitals
- Skilled nursing facilities/long-term care facilities
- Clinics, medical offices, and other outpatient facilities
- Home health care
- Medical outreach services
- Medical transport
- EMS – Paramedics/EMTs, firefighters, responders



Services/Operations

- Police, detention facility, transport of detainees
- Homeless shelters
- Drug treatment programs/facilities
- Aerosol-generating procedures on cadavers
- Labs – materials that contain ATP
- Maintenance – air handling systems
- Hazardous waste, emergency response operations



Not covered by this standard

- Outpatient dental clinic or offices

Protecting Against ATDs (Brief List)

- Novel or unknown pathogens
- Avian/pandemic/seasonal influenza
- Varicella
- Measles/mumps/rubella
- SARS
- Smallpox
- TB
- Diphtheria/pertussis
- Hib/meningococcal
- Pneumonia

Employers Responsibility

- Provide personal protective equipment (PPE)
- Safe guards/protections
- Vaccinations
 - Influenza – one dose annually
 - MMR – two doses (born after 1957)
 - Tdap – one dose
 - Varicella – two doses (born after 1980)



Refusals

- Vaccine refusals must be documented on signed declination
- If employees declines initially, but later requests it, employer must make the vaccine available to them
- If vaccine is not available, employers should document efforts
 - Employer should check availability every 60 days
 - Inform employee when vaccine becomes available

Non-traditional HCP

Most outreach programs are designed for the “traditional” HCP

- New outreach effort should include ALL HCP
- Including EMS/firefighters/first responders
- Outpatient clinics/offices
- Dietary/Administrative
- Maintenance
- Environmental Services



Outreach Efforts

Visits to allied health schools

- Medical Assistants
- EMT/Paramedics
- Nursing
- Respiratory Therapy
- Radiology Technicians, etc.

The benefits

- Reach large groups at once
- In a learning mode
- Establish good habits



Outreach Efforts (cont.)

Visits to organizations/agencies

- New hire orientations – EMS and Nursing orgs.
- Field Care Audits – EMS CEU
- Hospitals – all staff meetings
- SNF/LTCF – monthly mandatory training (easiest)

Challenges

- Most programs have a tight training schedule
- Hospitals – plan ahead; may take time to be placed on agenda

Challenges Along The Way

- Personal objections
- California allows for declinations
- Education
 - Vaccine facts
 - Duty to protect patients/putting others at risk



The Meat and Potatoes

60 minute interactive presentation that briefly covers:

- Measles, Mumps & Rubella
- Hepatitis A & B
- Varicella
- Other recommended adult vaccines
 - Pneumococcal
 - HPV
 - Herpes Zoster

The Meat and Potatoes (cont.)

Make it real and personal

Influenza

- Local and national flu statistics
- Can you tell the difference? Cold vs. Flu
- Flu prevention (cough etiquette, hand washing, etc.)

Pertussis

- Lots of statistics
- Clinical signs, and why it's so difficult to diagnose
- The 3 stages of pertussis
- Audio and video clips
- Cost: vaccine vs. an outbreak



Wrapping It Up

Student survey

- Typical questions
 - Usefulness of the presentation
 - Presenter performance
 - Any suggestions
- Pop quiz
 - “How is the influenza virus transmitted from one person to another?”
 - “What is another name for pertussis?”

98% of students surveyed felt that the information was very useful

Wrapping It Up (cont.)

SNF/LTCF Survey – attitudes towards the flu shot

- Received flu shot last season (n=387)
 - Yes – 62%, No – 38%
- If not, what was the reason (n=186)
 - Fear of needles – 6%
 - Flu isn't that bad – 8%
 - Don't believe in IZs – 14%
 - **Get sick from shot – 19%**
 - **Convenience – 16%**
 - Other – 37%
 - “never rcvd one”, “never get sick”, “egg allergy”, “no direct pt. contact”, “fear”, “not following the crowd”

Wrapping It Up (cont.)

- After presentation, did I change your mind? (n=373)
 - **Yes – 73%**, No – 27%
- Did you get, or do you plan to get the flu shot? (n=383)
 - Yes – 72%, No – 28%
- If so, what encouraged you to get the flu shot? (n=760)
 - Duty to protect my patients – 28%
 - **Protect my family – 31%**
 - Don't want to get sick – 24%
 - Other – 18%

Get'm involved



"As Paramedics, we are on the frontlines and we respond to medical emergencies everyday. We need our immunizations to protect our patients, ourselves and our families."

Conclusion

- Which healthcare groups am I not reaching?
- What can I do to expand my outreach efforts?
- Think outside the box

Thank you for your time.



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