PURPOSE

The Office recognizes that airborne pathogens pose a risk to the health of its employees due to the nature of their job duties. This Policy establishes guidelines and procedures which, when properly implemented, may safeguard Office employees from airborne pathogens. These guidelines and procedures conform to applicable Centers for Disease Control and Prevention (CDC) guidelines and Arizona Division of Occupational Safety and Health Administration (ADOSH) regulations intended to protect people from airborne pathogens.

Although this Policy refers to “employees” throughout, this Policy also applies with equal force to all volunteers. Volunteers include, but are not limited to, reserve deputies and posse members.

POLICY

It is the policy of the Office to require that employees carry out their job duties even in the presence of airborne pathogens. Employees shall take precautions to protect themselves against infection and report possible exposures immediately.

DEFINITIONS

Airborne Disease: An illness that is spread when droplets of pathogens are expelled into the air. Examples include, but are not limited to: tuberculosis (TB), influenza (flu), measles, mumps, and varicella (chickenpox).

Airborne Pathogens: Microorganisms that may be present in the air and can cause diseases in exposed humans.

Casually Transmitted: Any illness capable of being spread from one person to another by merely being in close proximity to the infected individual, without requiring intimate contact.

Employee: A person currently employed with the Office in a classified, unclassified, full-time, part-time, contract, or probationary status.

Engineering Control Systems: Apparatuses and procedures that isolate, limit exposure, or remove airborne pathogens from the work place, such as respiratory isolation rooms and High-Efficiency Particulate Air (HEPA) filters in applicable air vents.

Mycobacterium Tuberculosis: An airborne pathogen that can cause TB infection, which, in turn, may lead to active TB disease.

1. TB Infection: A TB infection is caused by the Mycobacterium Tuberculosis Bacterium. The most common site for infection is the lungs (pulmonary TB); however, infection can occur in many body sites and systems (extrapulmonary TB). The infection is spread through the air after being
expelled by persons with active TB disease. While the infection is casually transmitted, fairly intensive or prolonged exposure to a person with active TB disease is generally required for a TB infection to occur. Persons who have tested positive for a TB infection, but are totally free of symptoms, are not infectious.

2. Active TB Disease: Active TB disease occurs when a TB infection overcomes the defenses of the infected person’s immune system and begins to multiply and spread within the body. It is at this point that the infected individual will begin to show the symptoms of active TB disease and become infectious to others. Generally, only persons with pulmonary TB disease can transmit infection to others. Symptoms of pulmonary TB disease include, but are not limited to, the following:

A. A cough that lasts more than three weeks and produces sputum and blood;
B. Chest pain;
C. Fever, chills, and night sweats; and
D. Easily tired, loss of appetite, and weight loss.

**Occupational Exposure:** Contact with a person known to be infected or suspected of being infected with an airborne disease during the performance of an employee’s duties.

**Personal Protective Equipment (PPE):** Specialized clothing or instruments, such as N95 Particulate Air Respirators, used by an employee for protection against exposure to an airborne pathogen.

**Volunteer:** A person who performs hours of service for civic, charitable, or humanitarian reasons, without promise, expectation, or receipt of compensation for services rendered. An employee may not volunteer to perform the same, similar, or related duties for the Office that the employee is normally paid to perform.

**PROCEDURES**

1. **Approved Equipment:** PPE shall be approved by the Office and made available to those employees and others identified by the Office as having a reasonable likelihood of being exposed to airborne pathogens. The Office shall repair or replace PPE, as needed, to maintain its effectiveness. PPE may include, but is not limited to, the following:

   A. Respirators: A respirator shall be used to prevent the inhalation of airborne pathogens by employees when there is a reasonable likelihood of exposure. Office Policy CP-10, *Respirator Program* sets forth uniform procedures for the use and storage of respirators; and

   B. One-Way Airway: A one-way airway shall be used whenever it is necessary to perform mouth-to-mouth CPR.

2. **Inspection and Maintenance of Engineering Control Systems:** The Office utilizes County Facilities Management or a contracted maintenance provider for the regular inspection and maintenance of engineering control systems. In addition, all employees shall be responsible for immediately reporting any deficiency or malfunction of an engineering control system to the appropriate facility maintenance officer.

3. **TB Testing:** The Mantoux Tuberculin Skin Test (TST) is one of the most commonly used tests for determining TB infection. TB testing shall be provided at no charge to employees as follows:

   A. The Occupational Safety Division (OSD) shall be responsible for providing baseline TB screening for all newly hired detention personnel and deputies. Division commanders shall be
responsible for ensuring that newly hired civilian employees who will be working in the jails are provided with a baseline screening from the OSD.

B. The OSD shall also be responsible for providing annual testing for all Office personnel working in all jails, the Court Operations Division, the Transportation Division, the Detention Inmate Medical Services Division, and the Institutional Services Division. Annual testing is also available for any employee who requests it through the OSD nurse.

C. Individuals who have written documentation of either a previous positive TST result, or treatment for TB disease, should not take the TST again. Instead, these individuals may be provided with an alternate form of TB testing such as a chest x-ray. Once a negative chest x-ray is on file, the employee shall only be sent for a follow-up chest x-ray if they become symptomatic. The employee shall be provided with an Annual Positive TB Assessment Questionnaire as an alternative to the TST.

4. **TB Exposure:** The OSD is responsible for providing written notification to all employees identified as having potentially had a TB occupational exposure. Notification shall be provided through an *MCSO Administrative Broadcast* to all Office employees and will be maintained within the Occupational Safety Division folder on the U: Drive. (U:\Occupational Safety Division\Exposures).

   A. The notice shall inform the employee that they have potentially been exposed to a person with active TB disease.

   B. The notice shall inform the employee of the locations, dates, and times where they can obtain TB testing. The TB testing shall normally be conducted 8-10 weeks after an exposure.

   C. The Maricopa County Risk Management Online Claim Form shall be completed by the employee’s supervisor if the employee has a positive reaction to the TB test and the employee has a previous negative reaction to a TB test on file with the Office. Processing the exposure and treatment as an industrial illness provides a record of the exposure and treatment, and permits Risk Management to pay for the medical treatment.

5. **Follow-up Testing and Preventative TB Medication:** As a result of a positive TB test, following an occupational exposure, the OSD’s nurse may recommend an employee receive a chest x-ray at a contracted occupational health clinic. This x-ray shall be provided at no cost to the employee. After the chest x-ray is read, the contracted occupational health clinic may recommend the employee receive preventative TB medication.

   A. The contracted occupational health clinic shall provide the results from the employee’s chest x-ray to the OSD’s nurse and the Employee Medical Leave Section. The OSD’s nurse shall provide the x-ray results to the employee.

   B. Medically recommended preventative TB medication for a TB occupational exposure shall be available through the contracted occupational health clinic at no cost to the employee.

6. **Exposure to Highly Contagious Casually Transmitted Airborne Diseases:** There are several highly contagious casually transmitted airborne diseases. Some of the most common highly contagious diseases caused by airborne pathogens are measles, mumps, and chickenpox. Although measles, mumps, and chickenpox are common childhood illnesses, they can be very serious illnesses to adults who have not previously had the diseases.

   A. **Under no circumstances shall an employee with a highly contagious airborne disease or suspected highly contagious airborne disease report in person to the workplace.** Employees who have a
highly contagious airborne disease, or suspect they have a highly contagious airborne disease, shall notify their supervisor of the situation by telephone.

B. Employees who have a highly contagious airborne disease or suspected highly contagious airborne disease shall not return to work until they have been medically cleared to do so.

C. The following protocol shall be used regarding an occupational exposure to measles, mumps, and chickenpox:

1. Identify any pregnant female employees who were exposed to the disease. Those employees should notify their obstetrician immediately.

2. Ask all exposed employees if they have had the specific disease. If they say that they have had the disease, no further follow-up is needed.

3. If an exposed employee says that he has not had the disease, he may be sent to the OSD nurse or contracted occupational health clinic for a Blood Titer Test. The test will disclose if the employee has had the disease. If the test discloses that they have had the disease, no further follow-up is needed.

4. Until it has been determined that an exposed employee has had the disease, they should be taken off duty or placed on modified duty for the duration of the employee’s potential contagious period for that particular disease. The OSD shall assist in determining the employee’s potential contagious period.

5. If the employee is placed on modified duty status, the division commander of that unit shall ensure that the employee does not have contact with anyone who has not had the disease.

7. **Blood Titer Testing:** A Blood Titer Test measures the amount of antibodies in blood which can determine a person’s immunity to a given disease.

   A. Blood Titer Testing for an occupational exposure is available through the OSD nurse or contracted occupational health clinic at no cost to the employee.

   B. If an employee is sent to the contracted occupational health clinic for Blood Titer Testing, the supervisor shall complete a Maricopa County Risk Management Online Claim Form in order to process the exposure as an industrial illness. Processing the exposure and treatment as an industrial illness provides a record of the exposure and treatment, and permits Risk Management to pay for any necessary medical treatment.

   C. Results from a Blood Titer Test are generally available within three working days. The contracted occupational health clinic shall provide the results from the employee’s Blood Titer Test to the OSD’s nurse. The OSD’s nurse shall provide the Blood Titer Test results to the employee.

8. **Notification Requirements for Occupational Exposure:** Notification of exposure to confirmed or suspected casually transmitted airborne diseases shall be made promptly.

   A. OSD personnel shall notify individuals who may have been exposed to a prisoner or inmate with a confirmed or suspected casually transmitted airborne disease that a possible exposure situation existed. Individuals to be notified include, but are not limited to classification staff, and detention and transportation personnel.

   B. Employee responsibilities when an occupational exposure occurs include, but are not limited to:
1. Notifying the immediate supervisor, as soon as possible.

2. Seeking medical testing to determine exposure, as specified in this Policy.

3. Completing a detailed memorandum regarding the exposure and forwarding it to the supervisor. The memorandum shall be completed as soon as possible following the occupational exposure and shall include, but not be limited to, the following:

   a. The date, time, and location of the exposure;
   b. The exposure circumstances or crime under investigation, including the Incident Report (IR) number and any related case numbers;
   c. The specific nature of the exposure;
   d. The name and serial number of the exposed employee;
   e. The name, date of birth, MCSO booking number, and address or location of the source of the exposure, if known;
   f. The names, serial numbers, and assignments of Office personnel deemed to have been at risk during the exposure; and
   g. Any other relevant details.

C. Supervisor responsibilities when an occupational exposure occurs include, but are not limited to, the following:

   1. The supervisor shall complete a detailed memorandum within 24 hours of the exposure. The memorandum shall be submitted through the chain of command to the OSD. The memorandum shall include, but not be limited to, the following:

      a. The circumstances surrounding the exposure;
      b. The PPE the employee was wearing or the reason PPE was not worn;
      c. The engineering controls in place at the time of the exposure, if any;
      d. The work practices in place at the time of the exposure;
      e. Whether or not the exposure could have been avoided; and
      f. Recommended or enacted changes to avoid similar exposure.

2. Complete the Maricopa County Risk Management Online Claim Form regarding the occupational exposure and if applicable, any work-related injury resulting from the occupational exposure. All forms and documentation shall be completed and forwarded, as specified in Office Policy GD-19, Injury or Death of an Employee.

D. The OSD shall send written notification to all personnel who were identified as having been at risk during the incident if the source of the exposure is known to have, or is later determined to have, a confirmed casually transmitted airborne disease.
E. Any claim by an employee that he has incurred a work-related injury or illness as a result of an occupational exposure must be supported by proper documentation. A job classification with occupational exposure shall not be solely sufficient to sustain such a claim. Other than specified in this Policy, an occupational exposure, in and of itself, shall not be reported as a work-related injury or illness unless one of the following criteria exists or develops:

1. Loss of consciousness;
2. Modification of an employee’s job or restriction of work motion;
3. The recommendation of medical treatment beyond first aid, regardless of dosage; and
4. A positive test for airborne disease infection when previous test results have been negative.

9. **Transporting Inmates or Prisoners:** Correctional Health Services (CHS) staff may be contacted by phone for a decision on where a prisoner is to be transported and booked, or to make special arrangements for their transportation to court. Inmates or prisoners with a confirmed or suspected casually transmitted airborne disease shall be transported with the following precautions:

A. Inmates shall wear a surgical mask when being escorted to a medical clinic;
B. Inmates shall not be transported to court, unless special arrangements are made with the courts, Transportation, and the Court Security Division;
C. When requesting the transportation of inmates, CHS shall notify the Transportation Division, if additional PPE is required during the inmate transport;
D. Inmates with a confirmed or suspected casually transmitted airborne disease shall not be transported with other inmates;
E. Transportation employees shall wear an approved N95 respirator in the prescribed manner, as specified in Office Policy CP-10, *Respirator Program*, regardless of the mask worn by the inmate; and
F. Employees who are required to be in a transport vehicle with the inmate shall ensure that the vehicle’s ventilation system is in a non-recirculation mode of operation at all times.

10. **Inmates in Medical Isolation:** CHS staff shall determine if medical isolation is necessary for inmates, as specified in Office Policy DQ-2, *Medical Isolation and Psychiatric Housing*.

A. Appropriate warning signs shall be posted outside respiratory isolation rooms or housing units stating “**RESPIRATORY ISOLATION**.” The signs must also indicate what precautions are required.
B. Employees who are required to enter respiratory isolation rooms or housing units shall wear an approved respirator, as specified in this Policy, and in Office Policy CP-10, *Respirator Program*.
C. A housing unit on medical isolation protocol is on restricted movement status. No inmates are to be transferred out of a housing unit under protocol to other non-protocol areas within the jail until CHS has authorized the move. Only CHS is authorized to conduct screenings of inmates for immunity to diseases through the use of a Blood Titer Test.
D. In the event of a housing shortage and the empty beds in the isolated unit are needed, all inmates shall be screened by CHS to verify their immunity to the disease before being placed into a unit that is on medical isolation protocol. Those individuals who are non-immune to the disease shall not be assigned to a housing unit under protocol.

E. Inmates with a confirmed or suspected casually transmitted airborne disease, or exposure to same, who are in medical isolation, shall wear a surgical mask at all times while out of a medical isolation room or housing unit. Non-compliant inmates, such as those who take off their masks, shall be returned to their medical isolation area and affected agencies or persons shall be notified by jail personnel of the inmate’s refusal to comply with isolation protocol.

F. While wearing a surgical mask, inmates in medical isolation may go to the medical clinic.

G. Inmates that CHS has verified to be immune to the disease or have been confirmed not to be infected may resume normal activity.

H. Inmates in medical isolation may be transferred to another agency under the following guidelines:

1. The other agency shall be notified regarding the inmate’s medical isolation status; and

2. The other agency shall approve the transfer and verify their capability to maintain the individual in isolation for the remainder of the isolation period.

I. CHS staff shall be notified if an inmate in medical isolation has a pending release from custody.