

HOSPITAL EPIDEMIOLOGY AND INFECTION CONTROL: COMMUNICABLE DISEASE EXPOSURE DESPONSE

COMMUNICABLE DISEASE EXPOSURE RESPONSE POLICY

Appendix XVI

Distribution of Scarce Resources

The United States Department of Health and Human Services and Department of Homeland Security guideline for distribution of scarce vaccine during a period of pandemic influenza will be used as the guideline for UCSF Medical Center distribution for distribution of scarce resources including, but not limited to, vaccine, antivirals, antibiotics, other pharmaceuticals, protective apparel (e.g., gloves, masks, gowns, goggles). For the full document, see

http://www.flu.gov/images/reports/pi_vaccine_allocation_guidance.pdf

Should scarce resources require more limited distribution than the Federal guidance provides (for example, if insufficient vaccine is allotted to the state of CA for immunizing all healthcare workers), UCSF Medical Center will refer to the Federal Occupational Safety and Health Administration (OSHA) guideline found at http://www.osha.gov/Publications/exposure-risk-classification-factsheet.html

Classifying Employee Exposure to Communicable Diseases at Work

Employee risks of occupational exposure to communicable disease (CD), including during a pandemic, may range from very high to high, medium, or lower (caution) risk. The level of risk depends in part on whether or not jobs require close proximity to people potentially infected with the CD, or whether they are required to have either repeated or extended contact with known or suspected sources of CD such as coworkers, the general public, outpatients, school children or other such individuals or groups.

- Very high exposure risk occupations include those with high potential exposure to high
 concentrations of known or suspected sources of CD during specific medical or laboratory
 procedures.
- *High exposure risk* occupations include those with high potential for exposure to known or suspected sources of CD.
- *Medium exposure risk* occupations include those that require frequent, close contact (within 6 feet) exposures to known or suspected sources of CD, such as coworkers, the general public, outpatients, school children or other such individuals or groups.
- Lower exposure risk (caution) occupations include those that do not require contact with people known to be infected with CD, nor frequent close contact (within 6 feet) with the public. Even at lower risk levels, however, employers should be cautious and develop preparedness plans to minimize employee exposures.

To help employers determine appropriate work practices and precautions, OSHA has divided workplaces and work operations into four risk zones, according to the likelihood of employees' occupational exposure to CD. We show these zones in the shape of a pyramid to represent how the risk will likely be distributed.

POLICY 7.1

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Occupational Risk Pyramid for Pandemic Influenza



Very High Exposure Risk:

- Healthcare employees (for example, doctors, nurses, dentists) performing aerosol-generating procedures on known or suspected source patients (for example, cough induction procedures, bronchoscopies, some dental procedures, or invasive specimen collection).
- Healthcare or laboratory personnel collecting or handling specimens from known or suspected source patients (for example, manipulating cultures from known or suspected source patients).

High Exposure Risk:

- Healthcare delivery and support staff exposed to known or suspected source patients (for example, doctors, nurses, and other hospital staff that must enter patients' rooms).
- Medical transport of known or suspected source patients in enclosed vehicles (for example, emergency medical technicians).
- Performing autopsies on known or suspected source patients (for example, morgue and mortuary employees).

Medium Exposure Risk:

• Employees with high-frequency contact with the general population (such as schools, high population density work environments, and some high volume retail).

Lower Exposure Risk (Caution):

• Employees who have minimal occupational contact with the general public and other coworkers (for example, office employees).



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Application of Risk Pyramid to UCSF Medical Center during H1N1 Vaccination Prioritization

High risk HCWs and Patient Care Locations reflect CDC priorities for the CDC Priority Populations

- A. Pregnant Women
- B. Pediatrics 6mo-24vrs
- C. Healthcare Workers
- D. Caregivers to infants under 6 months
- E. People with chronic medical conditions

1. High-Risk Portals:

- a. ED
- b. Screening and Acute Care Clinics SACC
- c. Pediatric Urgent Care
- d. Ambulatory Care Pediatrics
- e. Critical Care
- f. Student Health Services

2. High Risk Medical Center and Campus Personnel:

- a. Children's Hospital
- b. 9 Long, 11 Long, and clinics associated with transplant, hem/onc, BMT
- c. Students rotating to priority clinical programs
- d. Pregnant HCWs regardless of location
- e. Housestaff and Fellows
- f. Campus-based personnel with exposure to high-risk patient population (may be non-Medical Center e.g. Child Care Workers; Community-based Clinics)

3. All Medical Center HCWs and Campus-Based Personnel with Clinical Contact:

- a. including campus personnel in patient care areas, volunteers, students on clinical rotation); LPPI
- b. UCSF HCWs at SFVA
- c. UCSF HCWs at SFGH
- d. Other community-based UCSF-staffed clinical programs (e.g. SOD Clinical Dentistry)

4. Eligible Personnel Who Work in Patient Care Areas Expanded to:

- a. OEH&S
- b. UCPD
- c. Campus Facilities who have patient contact
- d. UCSF international travelers who will have patient contact and who are likely to leave in next 2-3 weeks without access to subsequent vaccine availability

5. All Occupational Groups including non-HCWs