

PREHOSPITAL POLICY

Policy Reference No: 102
Effective Date: 5/17/07
Supersedes: 3/1/97

SUBJECT: CONTAGIOUS DISEASE EXPOSURE

I. PURPOSE:

To define the process by which exposed EMS Personnel shall notify both the receiving hospital or the Coroner and the County Health Officer. To ensure proper medical treatment is provided to the exposed EMS Personnel.

II. AUTHORITY:

The California Health and Safety Code, Division 2.5, Section 1797.186 entitles all levels of EMTs, lifeguards, firefighters, and peace officers prophylactic medical treatment to prevent the onset of disease provided that person demonstrates he or she was exposed, as defined in Section III of this procedure, to a contagious disease as listed in Section 2500 of Title 17 of the California Administrative Code while performing first aid or CPR to any person.

Medical Treatment under this Section shall not affect the provisions of Division 4 or Division 5 of the Labor Code or the person's right to make claims for work-related injuries at the time the contagious disease manifests itself.

County Health Officer

Date

Executive Director, Emergency Medical Services Agency

Date

Medical Director, Emergency Medical Services Agency

Date

The responsibility for ensuring notification and treatment of exposed EMS Personnel lies with the EMS Provider.

III. DEFINITIONS:

- A. **Designated Officer** – An individual designated by the EMS Provider, of EMS Personnel to interact with the County Health Department, medical facilities and workers compensation providers regarding infectious disease exposures.
- B. **Exposure** – for assessing risk of HIV or Hepatitis:
The Centers for Disease Control defines exposure as any broken skin or mucous membrane that comes in contact with a source's blood, body fluids, or secretions as through a used needle stick, on an open wound, or through any body opening, as in mouth-to-mouth resuscitation or a splash in the eyes (see Appendix A).
- C. **Exposure** – for all other diseases including airborne/droplet (see Section V).
- D. **EMS Personnel** – All emergency personnel who provide care including, but not limited to, the following: fire department, ambulance, law enforcement, and lifeguard personnel.
- E. **EMS Provider** – The employer of EMS Personnel.
- F. **Source** – The person whose body fluids EMS Personnel have been exposed to.
- G. **Consenting Party**-The person who is providing consent to disclose confidential medical information (i.e. lab test results) of source or EMS Personnel to EMS Personnel workers compensation provider and Public Health Department for the purpose of medical follow up of exposed EMS Personnel.
- H. **Law Enforcement Medical Clinic (LEMC) Personnel** – All medical personnel who provide care to individuals incarcerated at the county jail.

IV. PROCEDURE FOR HIV OR HEPATITIS EXPOSURE:

- A. Responsibilities of EMS Personnel
 1. If an exposure to blood or body fluids occurs, from a source with a known or unknown status of HIV or hepatitis, EMS Personnel must notify the Emergency Department (ED) staff at the receiving hospital immediately upon arrival of the source. This notification is necessary so blood can be drawn for testing.
 2. If EMS Personnel are exposed as a result of an exposure (e.g., used needle stick or sustain a laceration, splash, or puncture wound during patient care), it is important to have the exposure evaluated as soon as possible. The medical evaluation shall be completed by the ED and/or the EMS Provider's workers compensation physician and may include laboratory tests and treatment modalities in accordance with the EMS Provider's policy for a job-related injury.

3. The EMS Personnel must complete a *Contagious Disease Exposure Report Form* following the process described in Section VI.

B. Responsibilities of the EMS Provider

1. Following the initial ED visit, the EMS Provider **must** arrange, and ensure that follow-up care is provided through their designated workers compensation physician. This follow-up care must be arranged as soon as possible, but no longer than **72 hours** following the exposure.

C. Alternate Management Option: Ryan White Act Process

1. An EMS Provider may choose to make a determination of exposure independent of the County Health Officer by following the Ryan White Act procedures. EMS Providers who elect to use the Ryan White Act procedures **shall not follow the remainder of this policy**. Those EMS Providers shall work directly with their designated workers compensation provider to assure that their personnel receive the proper screening.

D. Responsibilities of receiving hospital ED

1. Once the exposure has been confirmed, the ED staff will obtain the blue "EMS Personnel Exposure Envelope" and begin the treatment process. ED Personnel will follow the attached checklist (Appendix B) to confirm appropriate treatment.
2. Hospital ED personnel shall have the source sign the HIV testing consent form and appropriate disclosure forms. If the source refuses to sign an HIV testing consent form and the appropriate disclosure forms, contact the County Health Officer, (805) 781-5520 or after hours and holidays (805) 781-4550. If the source is unable to sign (deceased, unconscious, etc.), consent may be obtained from a consenting party. The hospital ED, or hospital lab personnel shall draw source blood.
3. The ED may arrange to do a 'rapid determination' of the source blood for the presence of HIV. The results will be reported to the ED physician and/or workers compensation physician of the EMS personnel to assist in the potential treatment modality for the exposed EMS personnel.
4. All source blood draw and lab test charges for HIV antibody, ANTI-HCV, Hepatitis B Surface Antigen and Rapid HIV antibody, shall be billed to the EMS Provider.
5. Hospital ED personnel shall have the exposed EMS Personnel sign an HIV testing consent form and the appropriate disclosure forms. Exposed EMS Personnel blood shall be drawn by the hospital ED, or lab.
6. Hospital ED personnel shall draw exposed EMS Personnel HIV antibody, ANTI-HCV antibody, Hepatitis B Surface Antibody, Quantitative-if Hepatitis B immune status is unknown.

7. The receiving hospital laboratory shall send the source and exposed EMS Personnel blood specimens to their designated laboratory for testing.
8. Hospital ED Personnel shall fax Checklist of EMS Personnel Exposed to Blood and/or Body Fluid form (Appendix B) to the Public Health Department immediately (781-5543).
9. When hospital lab test results are obtained from both the source and the exposed EMS Personnel, the hospital lab shall fax the results to the Public Health Department (781-5543) and the exposed EMS Personnel workers compensation provider.

E. Responsibilities of the Coroner

1. If the source is determined to be deceased and is transported to the county morgue, the Coroner shall obtain source blood for testing (see Appendix C).

F. Responsibility of the Law Enforcement Medical Clinic (LEMC) /Jail

1. If the source has been incarcerated and the exposure has been confirmed, LEMC personnel will obtain the blue EMS personnel exposure envelope and begin evaluation of the source. LEMC personnel will follow the attached checklist to obtain blood specimen of source (see Appendix B "For Source Patient").
2. LEMC personnel shall have the source sign the appropriate HIV testing consent form and appropriate disclosure forms (available on site at LEMC). If the source refuses to sign an HIV testing consent form and the appropriate disclosure forms, contact the County Health Officer, (805) 781-5520 or after hours and holidays (805) 781-4550. The LEMC personnel shall draw the source blood.
3. If LEMC personnel are unable to draw the source, the source will be taken to Sierra Vista Regional Medical Center (SVRMC) ED.
4. LEMC will notify SVRMC ED prior to bringing the source to the hospital to assure a room is available.
5. The source will be placed into a short stay room.
6. The source may not be brought directly to the lab, they must go through the ED.
7. Blood already drawn at LEMC can be delivered to the lab directly with the appropriate consents and signed lab requisitions.
8. All source blood draw, lab tests and room charges shall be billed to the EMS Provider.
9. SVRMC ED personnel shall fax Checklist of EMS Personnel Exposed to Blood and/or Body Fluid form (Appendix B) to the Public Health Department immediately (781-5543).
10. When source lab test results are obtained SVRMC lab shall fax the results to the Public Health Department (781-5543).

11. LEMC is not permitted to disclose any lab test results to either the exposed EMS personnel or the source.

V. PROCEDURE FOR EXPOSURE TO OTHER DISEASES INCLUDING AIRBORNE/DROPLET:

- A. Airborne/droplet exposure can be important in other contagious diseases such as tuberculosis or bacterial meningitis. These diseases are generally clinically apparent and the hospital will perform appropriate tests as part of their evaluation. In circumstances where the presence of these diseases is suspected by EMS Personnel, the Contagious Disease Exposure Report Form (Appendix E) should be completed and faxed to the Public Health Department (781-5543) immediately.
- B. If it is determined via the hospital or through the Public Health Department that a patient has a contagious disease that was not assessed during the patient contact, then the hospital or the Public Health Department should contact the San Luis Ambulance Service Field Supervisor (San Luis Adam-3) at 805-550-8604 with the information pertaining to the contagious disease. This is a 24-hour contact number. San Luis Ambulance Service Field Supervisor will follow procedure in Appendix D.

VI. CONTAGIOUS DISEASE EXPOSURE REPORT FORM:

- A. Contagious Disease Exposure Report Form (Appendix F) must be completed by EMS Personnel and submitted to the County Health Officer when an exposure to a communicable disease has occurred. The completed form should be faxed **immediately** to the Public Health Department (781-5543) or taken in person by the exposed EMS Personnel or representative to the Public Health Department receptionist desk. If after hours, the form may be taken to the mail slot located on the north-east side of the Health Department building on Johnson Avenue. Mailing the form may result in a delay that may reduce the effectiveness of preventative treatment for hepatitis.

If the form is faxed, a hard copy should be mailed to the following address:

County Health Officer
SLO County Public Health Department
2191 Johnson Avenue
San Luis Obispo, CA 93401

ATTN: EMS Personnel Exposure Report

Multiple names can be placed on one form if they are all from the same EMS Provider. For confidentiality, it is important not to mix names from different EMS Providers on the same form.

Complete the form, provide a full explanation of the exposure and assure all the required information is included.

The reporting agency shall retain the pink copy of the Contagious Disease Exposure Report Form for inter-agency documentation. The white and yellow copies are to be sent to the County

Health Officer in the manner described above.

The law requires the County Health Officer to notify all EMS Providers' Designated Officers and the EMS Provider's workers compensation physician(s) of any treatment recommendations that are appropriate. EMS Personnel should not contact the receiving hospital, or the County Health Officer inquiring about the status of any tests.

EMS Providers shall provide a 24-hour contact phone number, address, and fax number on the Contagious Disease Exposure Report Form.

EMS Providers shall maintain an available supervisor 24 hours per day to receive follow-up calls from the County Health Officer.

APPENDIX A**1. BODY FLUIDS THAT MAY POSE A RISK:****A. Fluids posing a risk as a blood borne pathogen exposure for HIV, HBV and HCV:**

1. Blood
2. Unfixed tissue or organ from a human (living or dead)
3. CSF (Cerebrospinal fluid)
4. Synovial fluid
5. Amniotic fluid
6. Peritoneal fluid, Pleural fluid
7. **Any fluid with visible blood.**

B. Fluids posing extremely low risk for HIV, HBV, and HCV (unless visible blood):

1. Tears
2. Sweat
3. Saliva
4. Urine
5. Stool
6. Vomitus
7. Nasal secretions
8. Sputum

Reference:

Regulations (Standards – 29 CFR) Bloodborne Pathogens. – 1910.1030, retrieved on 1/19/2007 at:
http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=10051http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=10051

Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HIV and Recommendations for Postexposure Prophylaxis, retrieved on 1/19/2007 at:
<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5409a1.htm>

Updated U.S. Public Health Services Guidelines for the Management of Occupational Exposures to HBV, HCV, and HIV and Recommendations for Postexposure Prophylaxis, retrieved on 4/10/2006 at:
<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5011a1.htm>

APPENDIX B

HOSPITAL EMERGENCY ROOM / LEMC
CHECKLIST OF EMS PERSONNEL
EXPOSED TO BLOOD AND/OR BODY FLUIDS

Hospital: _____

Date: _____

Physician: _____

**For EMS
Exposed**

Name: _____

- 1. Consent for HIV testing signed (copy given to EMS exposed)
- 2. Authorization for disclosure of the results of HIV Test, Hep B, Hep C results to designated workers compensation provider **and** Public Health Department for the purpose of medical follow up (copy given to EMS Personnel).

Name of workers compensation provider (if known): _____.

- 3. Lab Slip: Baseline labs for all exposed EMS Personnel.
 - HIV antibody
 - Anti-HCV antibody
 - Hepatitis B Surface Antibody, Quantitative- if Hepatitis B immune status unknown
- 4. Remind EMS Personnel to complete Contagious Disease Exposure Report form and to fax and mail or hand deliver to Public Health Department.

**For Source
Patient:**

Name: _____

Incarcerated Deceased

- 1. Obtain physician order to draw blood.
- 2. Consent for HIV testing signed (copy given to source patient).
- 3. Authorization for disclosure of HIV, Hep B, Hep C test results to EMS Personnel workers compensation provider **and** Public Health Dept. for the purpose of post exposure prophylaxis evaluation of exposed EMS Personnel (copy given to source).
- 4. Lab Slip:
 - Rapid HIV-antibody (**if possible**)
 - HIV antibody
 - Anti-HCV antibody
 - Hepatitis B Surface Antigen
- 5. Blood specimen to hospital lab to be billed to EMS Provider.
- 6. Notify coroner if source is deceased.

***PLEASE FAX THIS FORM IMMEDIATELY TO SAN LUIS OBISPO PUBLIC HEALTH
DEPARTMENT FAX # 781-5543**

APPENDIX C

I. CORONER REQUIREMENTS FOR SOURCE BLOOD ACQUISITION:

- A. The Coroner shall be notified directly by the exposed EMS Personnel's supervisor of the need to draw a blood sample from the deceased.
- B. The Coroner shall draw one red top or tiger top blood tube, (7ml) filled completely.
- C. After the blood draw the blood should be refrigerated, but not frozen. The blood should be tested within 24 hours.
- D. The Coroner, (with Health Officer consult if needed) will notify the clinical laboratory utilized by the Public Health Department to accept and process the blood specimen.
- E. The source blood test charges shall be billed to EMS Provider. (See IV.C.4)

APPENDIX D

- I. POST PATIENT CONTACT AIRBORNE/DROPLET DISEASE NOTIFICATION:
- A. If it is determined through the hospital or through the Public Health Department that a patient has a contagious disease that was not assessed during the patient contact, then the hospital or the Public Health Department should contact the San Luis Ambulance Service Field Supervisor (San Luis Adam-3) at 805-550-8604 with the information pertaining to the contagious disease. This is a 24-hour contact number.
 - B. San Luis Adam-3 will research and notify the EMS Personnel of San Luis Ambulance Service, as well as research the other EMS Providers that were on the scene. After it is determined who the other EMS Providers were, San Luis Adam-3 will contact the appropriate supervisor to notify them of the contagious disease exposure (see Appendix E – Contact List). The supervisor will determine if there were any other EMS Personnel on scene. All of the information gained from the hospital or the Public Health Department will be passed on to the supervisor including contact numbers.
 - C. If any EMS Provider becomes aware of an exposure to a contagious disease they should contact the Public Health Department and any other EMS Providers.

APPENDIX E

I. CONTACT LIST

As stated in section V., B. of this policy, this contact list is for the use of the on-duty San Luis Ambulance Service Field Supervisor (San Luis Adam 3) only.

For all EMS agencies and personnel other than San Luis Adam 3, the remainder of this page is intentionally blank.

APPENDIX F

CONTAGIOUS DISEASE EXPOSURE REPORT FORM

This form must be faxed to the County Health Officer immediately.

FIELD PERSONNEL ONLY	Agency: _____ Agency Report Number: _____
	Name(s) of exposed: 1. _____ DOB _____ 2. _____ DOB _____ 3. _____ DOB _____ 4. _____ DOB _____
	Immunized for Hepatitis B? (Yes or No) 1. _____ 2. _____ 3. _____ 4. _____
	Date/Time of Exposure: _____
	Describe Exposure: (Cuts, wounds, abrasions, airborne) 1. _____ 2. _____ 3. _____ 4. _____
	Workers Compensation Provider (if known): _____
	Source Name: _____ DOB _____
	Source transported to: _____
	Reason for transport: _____ <input type="checkbox"/> Alive <input type="checkbox"/> Deceased
	Supervisor Name:(please print) _____ Date: _____ Title: _____ Contact Phone #: _____ FAX #: _____
FAX this form to 781-5543 immediately	
COUNTY HEALTH AGENCY ONLY	RECOMMENDATIONS BY COUNTY HEALTH OFFICER
	<input type="checkbox"/> No evidence of communicable disease requiring follow-up
	<input type="checkbox"/> Follow-up of exposed workers recommended as follows:
	Follow-up indicated for _____ no follow-up indicated for _____ _____ _____ _____
	Signature – County Health Officer _____ Date _____