

## **POLICY #123: CONTAGIOUS DISEASE EXPOSURE**

### I. PURPOSE

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

### II. SCOPE

- A. This policy applies to all EMS Personnel.

### III. DEFINITIONS

- Designated Officer: An individual designated by an EMS Provider to interact with the County Health Department, medical facilities and workers compensation providers regarding infectious disease exposures.
- Exposure for assessing risk of HIV, Hepatitis or any other disease: 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 (Attachment A). For all other diseases including airborne/droplet see section VI.
- Source: The person whose body fluids EMS Personnel have been exposed to.
- 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 providers and the Public Health Department for the purposes of medical follow up of exposed EMS Personnel.
- Law Enforcement Medical Clinic (LEMC) Personnel: All medical personnel who provide care to individuals incarcerated at the county jail.

### IV. POLICY

- A. 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.
- B. 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.

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

## V. PROCEDURE FOR HIV OR HEPATITIS EXPOSURE

### A. 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. EMS Providers:

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. Alternative management options: 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. 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 (Attachment 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 the checklist of EMS Personnel Exposed to Blood and/or Body Fluid form (Attachment B) to the Public Health Department immediately (805) 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 (805) 781-5543 and the exposed EMS Personnel workers compensation provider.
- E. 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 (Attachment C).
- F. 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 (Attachment B).
  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 a HIV testing consent form and the appropriate disclosure forms, contact the County Health Officer at (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 the checklist of EMS Personnel Exposed to Blood and/or Body Fluid Form (Attachment B) to the Public Health Department immediately (805) 781-5543.
10. When source lab test results are obtained SVRMC lab shall fax the results to the Public Health Department (805) 781-5543.
11. LEMC is not permitted to disclose any lab test results to either the exposed EMS personnel or the source.

#### VI. 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 (Attachment F) should be completed and faxed to the Public Health Department (805) 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 attachment D.

#### VII. CONTAGIOUS DISEASE EXPOSURE REPORT FORM

- A. The Contagious Disease Exposure Report Form (Attachment 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 at (805) 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 located at 2191 Johnson Avenue. Mailing the form may result in a delay that may reduce the effectiveness of preventative treatment for hepatitis.

#### VIII. AUTHORITY

- The California Health and Safety Code, Division 2.5, Section 1797.186.

#### IX. ATTACHMENTS

- A. Body Fluids that may pose a risk.

- B. Checklist of EMS Personnel exposed to blood and/or bodily fluids.
- C. Coroner requirements for source blood acquisition.
- D. Post patient contact airborne/droplet disease notification.
- E. Contagious Disease Exposure Report form.