

## **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 (CHO) and to ensure proper medical treatment is provided to the exposed EMS Personnel.
- B. This policy is not intended to interfere with employer's internal reporting policies.

### II. SCOPE

- A. This policy applies to all EMS Personnel.
- B. This policy is intended to guide EMS Providers with respect to evaluations for worker exposures.

### III. DEFINITIONS

- 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 County of San Luis Obispo (SLO) Public Health Department (PHD), for the purposes of medical follow up of exposed EMS Personnel.
- Designated Infectious Control Officer (DICO): An individual designated by an EMS Provider to interact with the SLO PHD, medical facilities, and workers compensation providers regarding infectious disease exposures.
- EMS Personnel: Any personnel paid or unpaid, who are trained to respond to medical emergencies and who work for a fire agency, an ambulance service, the local Emergency Medical Services Agency, a law enforcement agency or the Law Enforcement Medical Clinic (LEMC) who provides care to incarcerated individuals, and a parks and recreation department.
- EMS Provider: An employer of EMS Personnel as defined above.
- Exposure for assessing the risk of HIV, Hepatitis, or any other disease: An exposure is a percutaneous injury (needle stick, or cut with a sharp object), bite, or mucous membrane or non-intact skin contact with infected blood, body fluids, or body tissues. Body fluids that may pose a risk for Bloodborne Pathogen (BBP) transmission include blood, semen, cerebrospinal fluid, vaginal secretions, and amniotic fluid. **Body fluids that DO NOT pose a risk of BBP transmission, unless they contain blood, include urine, saliva, sputum, stool, emesis, nasal discharge, tears, and sweat** (see Attachment A). For all other diseases including airborne/droplet see section VI.
- Source: The person whose body fluids expose EMS Personnel.

#### IV. POLICY

- A. The California Health and Safety Code, Division 2.5, Section 1797.186 entitles all EMS personnel to 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.
- 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 to CHO lies with the EMS Provider.
- D. The responsibility for evaluation and treatment of exposed EMS Personnel lies with the EMS Provider, utilizing the employer's policy and this policy.
- E. EMS Personnel shall report exposure to their employer.

#### 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, it is important to have the exposure evaluated as soon as possible by the employer's worker's compensation provider or ED.
  - 3. The EMS Provider must complete a Contagious Disease Exposure Report Form following the process described in Section VI. **Ensure that a valid contact number is used for all follow-up communication.**
- B. EMS Providers:
  - 1. Following the initial medical evaluation the EMS Provider must arrange and ensure that follow-up care is provided through their designated worker's compensation provider. This follow-up care must be arranged as soon as possible, but no later 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 an exposure as defined above 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 worker's compensation provider to ensure that their personnel receive the proper screening.

D. Receiving hospital ED:

1. Once the exposure has been confirmed, the ED staff 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 CHO by calling, (805) 781-5506 or after hours and holidays (805) 781-4553. 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 worker's compensation provider 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 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 and Hepatitis B Core Antigen.
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 Fluids form (Attachment B) to the PHD immediately (805) 781-5543.
9. When hospital lab test results are obtained from the source, the hospital lab shall fax the results to the PHD at (805) 781-5543 and to the exposed EMS Personnel's DICO or worker's compensation provider.

E. Coroner:

1. If the source is determined to be deceased and is transported to the county morgue, the coroner shall obtain the 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 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 the HIV testing consent form and the appropriate disclosure forms, contact the CHO by calling (805) 781-5506 or after hours and holidays (805) 781-4553.
3. The LEMC personnel shall draw the source blood.

4. If LEMC personnel are unable to draw the source, the source will be taken to Sierra Vista Regional Medical Center (SVRMC) ED.
5. LEMC will notify SVRMC ED prior to bringing the source to the hospital to assure a room is available.
6. The source will be placed into a short stay room.
7. The source may not be brought directly to the lab; they must go through the ED.
8. Blood already drawn at LEMC can be delivered to the lab directly with the appropriate consents and signed lab requisitions.
9. All source blood draw, lab tests and room charges shall be billed to the LEMC.
10. SVRMC ED personnel shall fax the Checklist for EMS Personnel Exposed to Blood and/or Body Fluids Form (Attachment B) to SLO PHD immediately (805) 781-5543.
11. When source lab test results are obtained SVRMC lab shall fax the results to SLO PHD (805) 781-5543.
12. LEMC is not permitted to disclose any lab test results to the exposed EMS Personnel.

#### 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. If diseases are generally clinically apparent, the hospital or LEMC 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 D) should be completed and faxed to the Public Health Department (805) 781-5543 immediately.

#### VII. PROCEDURE FOR CONTAGIOUS DISEASE EXPOSURE REPORT FORM

- A. The Contagious Disease Exposure Report Form (Attachment D) must be completed by EMS Provider and submitted to SLO PHD when an exposure to a communicable disease has occurred as defined in Section III. The completed form should be faxed immediately to SLO PHD at (805) 781-5543 or taken in person by the exposed EMS Personnel or representative to the SLO PHD receptionist's 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 in San Luis Obispo.

#### VIII. AUTHORITY



- The California Health and Safety Code, Division 2.5, Section 1797.186-189.

#### IX. ATTACHMENTS

- A. BODY FLUIDS THAT MAY POSE A RISK

- B. CHECKLIST FOR EMS PERSONNEL EXPOSED TO BLOOD AND/OR BODY FLUIDS
- C. CORONOR REQUIREMENTS FOR SOURCE BLOOD ACQUISITION
- D. CONTAGIOUS DISEASE EXPOSURE REPORT FORM

Approvals:

EMS Agency, Administrator	
EMS Agency, Medical Director	

### **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. Vaginal secretions
  - 8. Any fluid with visible blood.
- B. Fluids that do not pose a 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

**CHECKLIST FOR EMS PERSONNEL  
EXPOSED TO BLOOD AND/OR BODY FLUIDS**

Hospital: \_\_\_\_\_

Date: \_\_\_\_\_

Physician: \_\_\_\_\_

To be completed by hospital ED or LEMC personnel:

**FOR EMS  
EXPOSED**

Name: \_\_\_\_\_

- 1. Consent for HIV testing signed and a copy given to EMS exposed.
- 2. Authorization for disclosure of the results of HIV Test, Hep B, Hep C results to DICO or worker's compensation provider **and SLO PHD** for the purpose of medical follow up (copy given to EMS Personnel).

Name of worker's 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 is unknown
- 4. Remind EMS Personnel to have their employer complete the Contagious Disease Exposure Report form and to fax and mail or hand deliver to PHD.

**FOR SOURCE  
PATIENT**

Name: \_\_\_\_\_

Incarcerated  Deceased

- 1. If the HBV, HCV, and/or HIV status of the source patient is KNOWN, then testing is not necessary for that specific virus or viruses.
- 2.. If testing is determined to be necessary, obtain physician order to draw blood.
- 3. Consent for HIV testing signed (copy given to source patient).
- 4. Authorization for disclosure of HIV, Hep B, Hep C test results to EMS Personnel worker's compensation provider and the Public Health Department for the purpose of post exposure prophylaxis evaluation of exposed EMS Personnel (copy given to source).
- 5. Lab Slip:
  - HIV antibody
    - Consider Rapid HIV antibody test if results from standard (EIA) HIV antibody test will not be available within 24-48 hours
  - Anti-HCV antibody
  - Hepatitis B Surface Antigen
- 6. Blood specimen to hospital lab to be billed to EMS Provider.
- 7. Notify coroner if source is deceased.

**\* PLEASE FAX THIS FORM IMMEDIATELY TO SLO PHD FAX # 781-5543**

### **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 consultation from the Health Officer 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.



**CONTAGIOUS DISEASE EXPOSURE REPORT FORM**

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

**EMS PROVIDER ONLY**

EMS Provider: \_\_\_\_\_ Report Number: \_\_\_\_\_

Name(s) of exposed: 1. \_\_\_\_\_ DOB \_\_\_\_\_ # \_\_\_\_\_  
(Include contact #) 2. \_\_\_\_\_ DOB \_\_\_\_\_ # \_\_\_\_\_  
3. \_\_\_\_\_ DOB \_\_\_\_\_ # \_\_\_\_\_  
4. \_\_\_\_\_ DOB \_\_\_\_\_ # \_\_\_\_\_

Date/Time of Exposure: \_\_\_\_\_

Describe Exposure (Cuts, wounds, abrasions, airborne):

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_

**Worker's Compensation Provider:**

**Phone Number:**

**Address:**

**Fax:**

Source Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Source transported to: \_\_\_\_\_

Source Phone Number (if available): \_\_\_\_\_

Alive  Deceased

Ryan White Officer (if alternative management is selected): \_\_\_\_\_

Designated Infectious Control Officer Info:

Name (please print): \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ Contact Phone #: \_\_\_\_\_ FAX #: \_\_\_\_\_

Email: \_\_\_\_\_

• **FAX this form to 781-5543 immediately and report to worker's compensation provider.**

- I. INSTRUCTIONS FOR FILLING OUT THE CONTAGIOUS DISEASE EXPOSURE FORM:
- A. Fax completed form to: 805-781-5543.
    - 1. If fax is not available, call 805-781-5506 to report the information by phone. After speaking with a Public Health Nurse, mail the completed form to: 2191 Johnson Avenue, San Luis Obispo, CA, 93401.
  - B. Receipt confirmation will be made by Email or phone call.
  - C. Multiple names can be placed on one form if they are all from the same EMS Provider. For confidentiality, it is imperative not to mix names from different EMS Providers on the same form.
  - D. Complete the form, provide a full explanation of the exposure and ensure all the required information is included.
  - E. The reporting EMS Provider shall retain a copy of the Contagious Disease Exposure Report Form for inter-agency documentation.
  - F. Test results will be reported by the San Luis Obispo Public Health Department (SLO PHD) via telephone and/or fax to the EMS Provider and/or their designated workers compensation provider.
  - G. EMS Providers shall provide a 24-hour contact phone number, Email, address and fax number on the Contagious Disease Exposure Report Form. This is the point of contact for follow-up communication.
  - H. EMS Providers shall maintain an available supervisor 24 hours per day to receive follow-up calls from SLO PHD.