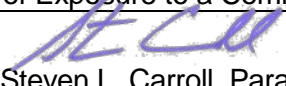



| | | |
|---|---|----------------------------------|
| Policy Title: Notification of Exposure to a Communicable Disease | | Policy Number 612 |
| APPROVED: Administration: |  Steven L. Carroll, Paramedic | Date: December 1, 2018 |
| APPROVED: Medical Director: |  Daniel Shepherd, M.D. | Date: December 1, 2018 |
| Origination Date: | April 27, 1990 | |
| Date Revised: | September 11, 2014 | |
| Date Last Reviewed: | August 9, 2018 | Effective Date: December 1, 2018 |
| Review Date: | August 31, 2021 | |

I. PURPOSE:

To provide a protocol for communication between health facility and prehospital providers in the event an emergency responder has been exposed to bloodborne pathogens, aerosol transmissible pathogens or other reportable or communicable diseases or illnesses

II. AUTHORITY:

- Health and Safety Code, Division 2.5, Section 1797.188
- CA Code of Regulations, Title 17, Section 2500
- Public Health and Safety Act, Title 26, Section 1793
- CA CFR 1910.1030
- CCR, Title 8, Section 5199, Aerosol Transmissible Diseases
- CCR, Title 8, Section 5193, Bloodborne Pathogens

III. DEFINITIONS:

- A. Aerosol Transmissible Exposure Incident – an event in which all of the following have occurred:
1. An employee who has been exposed to an individual who is a case or suspected case of a reportable ATD,
 2. The exposure occurred without the benefit of applicable exposure controls
 3. It reasonably appears from the circumstances of the exposure that transmission of disease is sufficiently likely to require medical evaluation
- B. Bloodborne Exposure Incident – a specific eye, mouth, other mucous membranes, non-intact skin, or parenteral (needle-stick) contact with blood or other potentially infectious materials that result from the performance of an employee’s duties
- C. Communicable Disease - an illness due to a specific infectious agent which arises through transmission of that agent from an infected person, animal or objects to a susceptible host, either directly or indirectly

- D. Contact Exposure – coming in touch with an object or surface that has been contaminated with a communicable disease
- E. Designated Officer (DO) – an official, or their designee, designated to evaluate and respond to possible infectious disease exposures of their employees
- F. Emergency Responder - paramedic, EMT, firefighter, peace officer, lifeguard and other public safety personnel
- G. Health Care Facility – any hospital which provides emergency medical care and which receives patients following care by emergency responders
- H. Infection Preventionist (IP) – a person, often an RN, who is assigned responsibility for surveillance and infection prevention, education and control activities
- I. OPIM – other potentially infectious material such as amniotic fluid, semen, vaginal secretions, CSF, synovial fluid, peritoneal fluid
- K. Reportable Disease – an infectious disease required to be reported to the Ventura County Communicable Disease Division pursuant to CCR, Title 17, Section 2500

IV. POLICY:

It shall be the policy of all emergency responders to wear appropriate personal protective equipment during patient care

It shall be the policy of the Emergency Medical Services Agency to insure that emergency responders are notified if they have been exposed to a reportable or communicable disease or illness in a manner which could transmit the disease. This notification shall follow the procedures outlined below. The name of the patient infected with the communicable disease will be not released during this notification process.

In the event the patient dies and the county medical examiner determines the presence of a communicable disease, they will notify the County EMS Agency Duty Officer. The Duty Officer will determine which, if any, emergency responders were involved and will notify the Designated Officer at those departments.

V. PROCEDURE:

- A. Field Exposure to Blood or Other Potentially Infectious Material (OPIM) or airborne transmissible disease

When an emergency responder has a **known or suspected** bloodborne, airborne transmissible disease or infectious disease exposure the following procedure shall be initiated (Appendix B):

1. All emergency responders who know or suspect they have had a bloodborne exposure should immediately:
 - a. Initiate first aid procedures (wash, irrigate, flush) to diminish exposure potential
 - b. Notify their supervisor
 2. Report the exposure by contacting their department's Designated Officer (DO),
 3. The DO shall determine if an exposure has occurred and complete the appropriate documentation.
 4. If it is determined that an exposure occurred, the DO shall initiate a Prehospital Exposure Tracking/Request Form (Appendix A) and obtain the information regarding the source patient and their location.
 5. The DO will make contact with the appropriate person (e.g. ED charge nurse, Prehospital Care Coordinator, infection control preventionist or coroner) at the source patient's location to confirm the presence of a communicable disease and/or request any needed source patient testing.
 6. The DO will fax a request for source patient information utilizing the Prehospital Exposure Tracking/Request Form (Appendix A) to their contact at the patient's location.
 7. The source patient shall be tested as soon as feasible based on the type of communicable disease or illness exposure:
 - a. Bloodborne Exposure – Hepatitis B, Hepatitis C, Rapid HIV, Syphilis
(If the source patient is known to be HIV positive or the Rapid HIV test is positive, a viral load test shall be done)
 - b. Airborne Exposure – appropriate testing as indicated
 - c. Contact Exposure – appropriate testing as indicated
 8. Results of the source patient's testing shall be released to the DO, who will notify the exposed emergency responder(s) and facilitate any required medical treatment or follow-up.
 9. The DO will arrange for the exposed emergency responder(s) to receive appropriate follow-up which may include a confidential medical examination, including vaccination history and baseline blood collection. (CA CFR 1910.1030)
- B. Hospital Notification of a Communicable Disease or Illness
- When a health care facility diagnoses an airborne transmissible disease (Appendix D) or communicable disease or illness the following procedure will be initiated (Appendix C):
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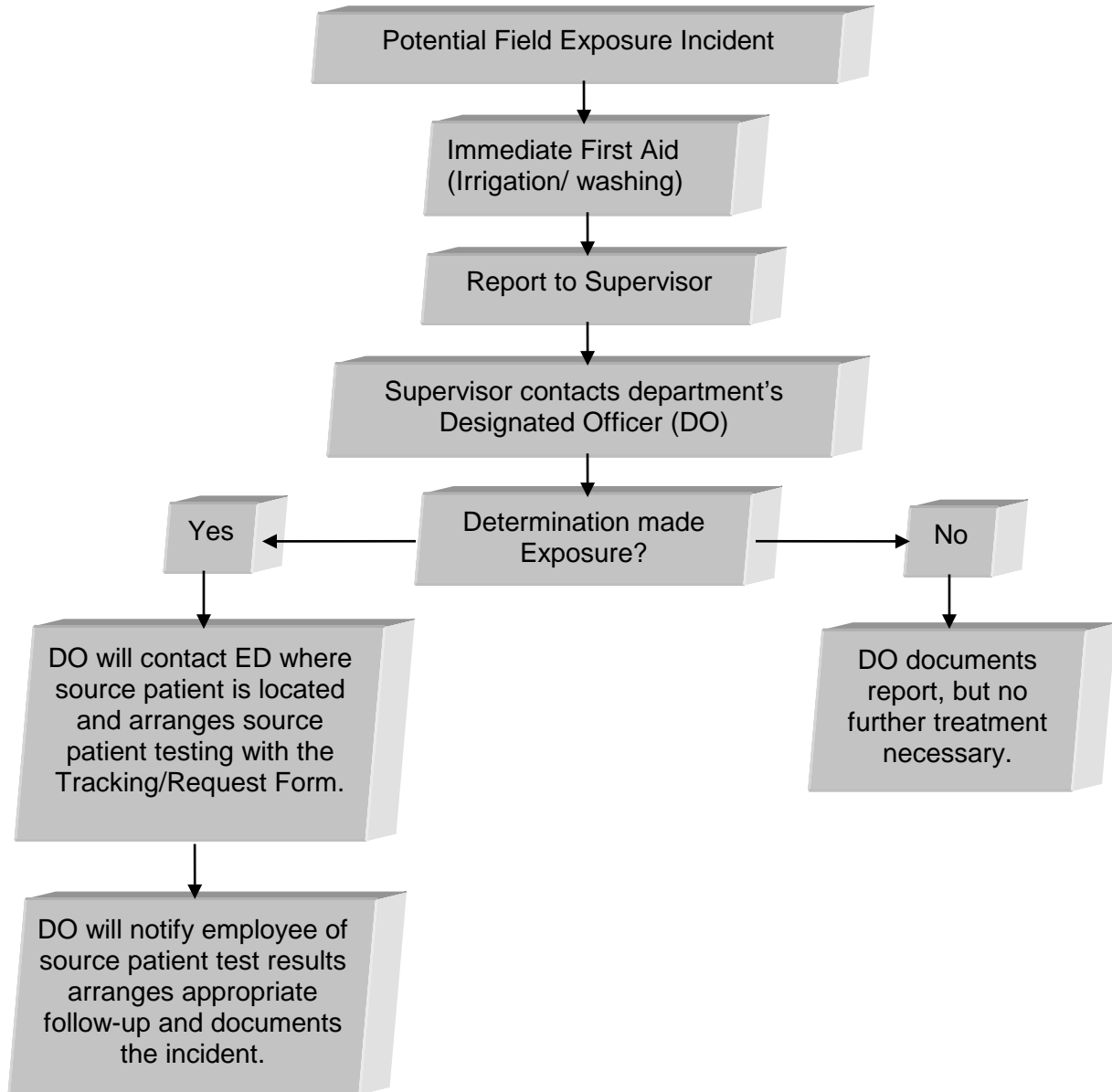
1. The Infection Control Preventionist or Emergency Department Personnel will notify Ventura County Public Health Officer or designee **AND** contact the DO of the involved department directly.
 2. The Ventura County Public Health Officer will notify the Emergency Medical Services Agency (EMSA) Duty Officer.
 3. The EMSA Duty Officer will determine if emergency responders were involved in the patient's care. If emergency responders were possibly exposed to the recently diagnosed patient, the Duty Officer will contact the involved department's DO with the date, time and location of the incident and the nature of the exposure
 4. The DO will investigate the circumstances of the possible exposure and arrange for the exposed emergency responder(s) to receive appropriate follow-up which may include a confidential medical examination, including vaccination history and baseline blood collection. (CA CFR 1910.1030)
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Pre Hospital Exposure Tracking/ Request Form

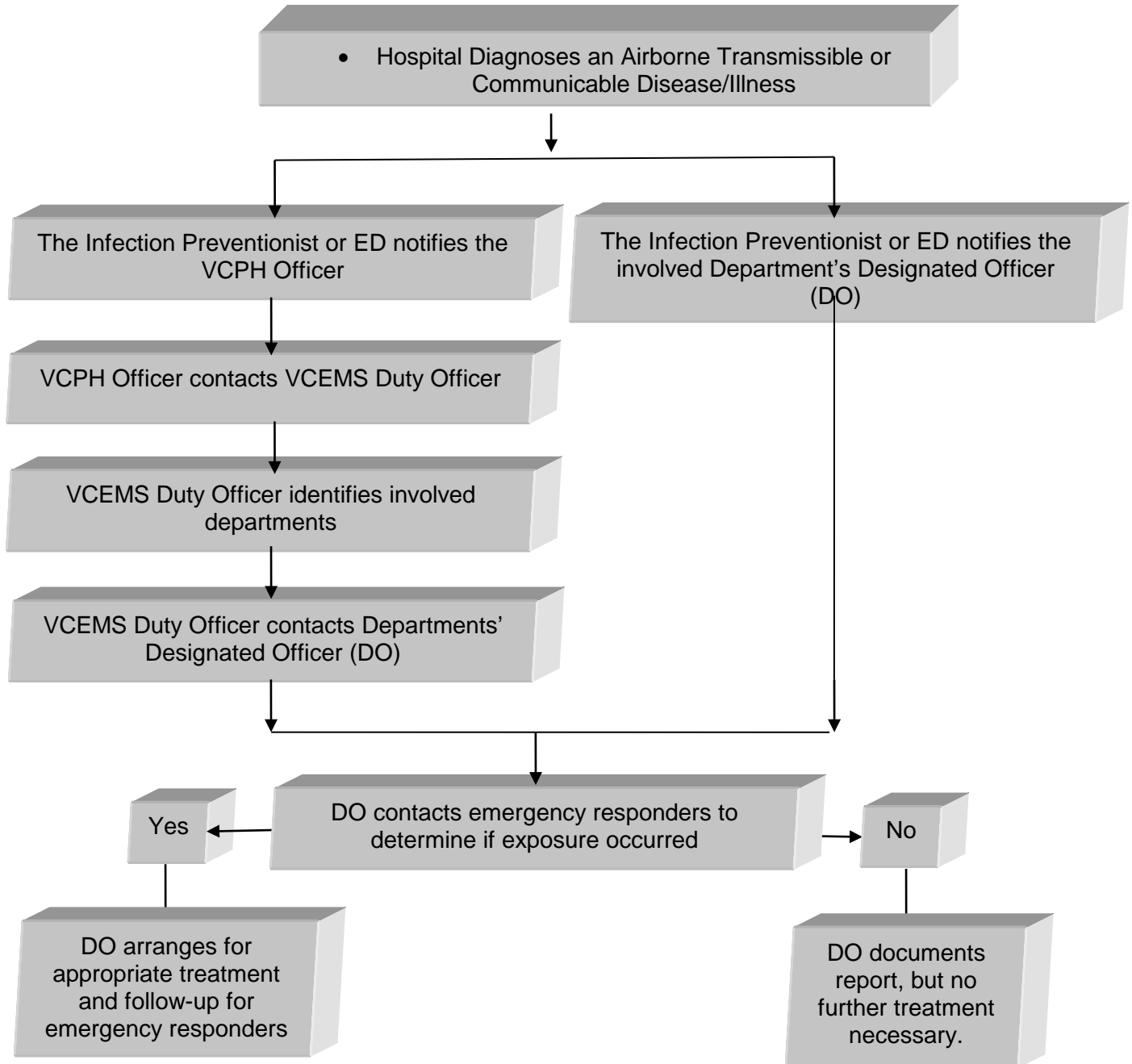
| Hospital Receiving Request | | | | | | | |
|--|-------|--------------------------|--------------------------|--------------------------|------|--------------------------|-------|
| <input type="checkbox"/> | CMH | <input type="checkbox"/> | LRHMC | <input type="checkbox"/> | OVCH | <input type="checkbox"/> | SJPVH |
| <input type="checkbox"/> | SJPMC | <input type="checkbox"/> | SPH | <input type="checkbox"/> | SVH | <input type="checkbox"/> | VCMC |
| Name of Person Receiving Request | | | | | | | |
| Name: | | | | | | | |
| Requestor Information | | | | | | | |
| Date/Time of Request: | | | Fire Incident #: | | | | |
| Name of Requestor: | | Title: | | Contact Number: | | | |
| Signature of Requestor: | | | | | | | |
| Agency Making Request | | | | | | | |
| AMR | | GCA | | FLM | | | |
| LMT | | OXD | | | | | |
| SPA | | SAR | | VEN | | | |
| VFF | | VNC | | Other: | | | |
| Source Patient Information | | | | | | | |
| Source Patient: | | DOB: | | MR# | | | |
| Symptoms: | | | | | | | |
| Description of Bloodborne Exposure | | | | | | | |
| Description of Exposure: | | | | | | | |
| Hollow Needle Stick | | Mucous Membrane Splash | | Non-intact skin | | | |
| Description of Airborne Exposure | | | | | | | |
| Description of Exposure: | | | | | | | |
| Aerosol Transmissible | | Disease | | TB | | | |
| Recommended Source Patient Blood Work | | | | | | | |
| Hepatitis B Antigen | | Hepatitis C Antibody | | Rapid HIV | | | |
| RPR | | | | Viral Load (if HIV +) | | | |
| Other: | | | | | | | |
| Diagnosis: Bloodborne Pathogen Exposure: V15.85 | | | | | | | |
| Exposed Employee's Name: | | | | | | | |
| DOB: | | | Date of Injury/Exposure: | | | | |
| Billing Information | | | | | | | |
| Workers Compensation Carrier: | | | | | | | |
| Name of Employer: | | | | | | | |
| Name: | | | | | | | |
| Address: | | | | | | | |
| Phone Number: | | | | | | | |
| FAX number: | | | | | | | |
| Release of Source Patient Results | | | | | | | |
| Release Results To: | | Phone #: | | FAX #: | | | |
| Date/Time Results Released: | | | | | | | |

Appendix B

Policy 612 Algorithm: Field Exposure to Blood, Other Potentially Infectious Material or Airborne Transmissible Disease



Policy 612 Algorithm: Hospital Notification of an Airborne Transmissible or Communicable Disease/Illness



Aerosol Transmissible Diseases/Pathogens (Mandatory)

California Code of Regulation, Title 8, Section 5199

This appendix contains a list of diseases and pathogens which are to be considered aerosol transmissible pathogens or diseases for the purpose of Section 5199. Employers are required to provide the protections required by Section 5199 according to whether the disease or pathogen requires airborne infection isolation or droplet precautions as indicated by the two lists below.

Diseases/Pathogens Requiring Airborne Infection Isolation

Aerosolizable spore-containing powder or other substance that is capable of causing serious human disease, e.g. Anthrax/*Bacillus anthracis*

Avian influenza/Avian influenza A viruses (strains capable of causing serious disease in humans)

Varicella disease (chickenpox, shingles)/Varicella zoster and Herpes zoster viruses, disseminated disease in any patient. Localized disease in immunocompromised patient until disseminated infection ruled out

Measles (rubeola)/Measles virus

Monkeypox/Monkeypox virus

Novel or unknown pathogens

Severe acute respiratory syndrome (SARS)

Smallpox (variola)/Variola virus

Tuberculosis (TB)/*Mycobacterium tuberculosis* -- Extrapulmonary, draining lesion; Pulmonary or laryngeal disease, confirmed; Pulmonary or laryngeal disease, suspected

Any other disease for which public health guidelines recommend airborne infection isolation

Diseases/Pathogens Requiring Droplet Precautions

Diphtheria pharyngeal

Epiglottitis, due to *Haemophilus influenzae* type b

Haemophilus influenzae Serotype b (Hib) disease/*Haemophilus influenzae* serotype b -- Infants and children

Influenza, human (typical seasonal variations)/influenza viruses

Meningitis

Haemophilus influenzae, type b known or suspected

Neisseria meningitidis (meningococcal) known or suspected

Meningococcal disease sepsis, pneumonia (see also meningitis)

Mumps (infectious parotitis)/Mumps virus

Mycoplasmal pneumonia

Parvovirus B19 infection (erythema infectiosum)

Pertussis (whooping cough)

Pharyngitis in infants and young children/Adenovirus, Orthomyxoviridae, Epstein-Barr virus, Herpes simplex virus,

Pneumonia

Adenovirus

- *Haemophilus influenzae* Serotype b, infants and children
- Meningococcal
- *Mycoplasma, primary atypical*
- *Streptococcus Group A*

Pneumonic plague/*Yersinia pestis*

Rubella virus infection (German measles)/Rubella virus

Severe acute respiratory syndrome (SARS)

Streptococcal disease (group A streptococcus)

- Skin, wound or burn, Major
- Pharyngitis in infants and young children
- Pneumonia
- Scarlet fever in infants and young children
- Serious invasive disease

Viral hemorrhagic fevers due to Lassa, Ebola, Marburg, Crimean-Congo fever viruses (airborne infection isolation and respirator use may be required for aerosol-generating procedures)
Any other disease for which public health guidelines recommend droplet precautions
