I. AUTHORITY:

California Health and Safety Code Sections 199.65-199.68, 1797.186, 1797.188-1797.189. Public Health Service Act, Sections 2681-2690 (42 U.S.C. 300ff-81 to 300ff-90.

II. APPLICATION:

This policy describes procedures for emergency response employees, paramedic receiving center personnel, and prehospital providers to report and evaluate suspected exposures to communicable diseases.

There are several different pathways that may be utilized for follow-up of exposures. It is the responsibility of the exposed employee and the employer to assure adequate follow-up.

III. DEFINITIONS:

A. **"Emergency Response Employee" (federal law), "Prehospital Emergency Medical Care Person" (state law)** means an emergency medical technician, nurse, physician, fire fighter, lifeguard, or peace officer who respond to emergency medical incidents.

B. "**Exposed**" means a significant risk of becoming infected with the etiologic agent for a disease.

C. "**Designated Officer**" means an official of an emergency response employer designated under 42 USC 300ff-86 to evaluate and respond to possible infectious disease exposures of employees.

D. "**Potential Life-Threatening Infectious Disease**" means an infectious disease that can cause death in a healthy, susceptible host.

E. "**Reportable Disease**" means an infectious disease required to be reported to the local health officer pursuant to Section 2500 of the California Code of Regulations, Title 17.

F. "**Significant Risk**" means reasonable medical judgment about the probability an infectious disease will be transmitted and cause varying degrees of harm.

G. "**Uncommon or Rare Potentially Life-Threatening Infectious Disease**" means an infectious disease listed by the Centers for Disease Control and Prevention pursuant to the Public Health Service Act as a potentially life-threatening infectious disease to which emergency response employees can be exposed. These currently include diphtheria, meningococcal disease, plague, hemorrhagic fevers, and rabies.

IV. PROCEDURE:

A. Emergency response employees who believe they have been exposed to an infectious disease should immediately refer to their employer's internal policy for direction and advice on evaluation and treatment. They should notify their employer's Designated Officer and the paramedic receiving center that receives the patient, or, if the patient is pronounced dead in the field, the coroner. Exchange of source patient information may be facilitated if the emergency response employee registers as an emergency department patient, within 24 hours of their exposure incident, at the PRC where the source patient was received.

Italicized Test Identifies Quotation From An Authority Outside The OCEMS.

1. Cases where the prehospital care worker has been exposed to a puncture with a large-bore needle, deep penetration and/or the injection of blood (visible blood on device), or other high-risk exposure, or exposure to an uncommon or rare potentially life-threatening infectious disease should be evaluated immediately.

2. When the exposed emergency response employee is not immediately evaluated in the PRC, the Designated Officer shall make appropriate inquiries to the PRC.

B. PRCs shall receive and evaluate reports of infectious disease exposures. They shall designate an in-house contact person for liaison with emergency response employees, Designated Officers, and the Health Department. The contact person shall be responsible for evaluating exposures to reportable diseases, including reporting the later diagnosis of airborne infectious diseases.

C. 1. An "Orange County Public Health Communicable Disease Exposure Transmittal Form" will be completed and signed by the physician or designee, and transmitted by facsimile [714) 565-3788] immediately to the Health Officer via the Senior Public Health Nurse, Source Case Investigations (see attached form).

2. When a laboratory test is completed, and the diagnosis is confirmed, the transmittal shall be updated and sent by facsimile to the Public Health Nurse for follow-up care, or the update can be telephoned directly to the Public Health Nurse (714) 565-3784.

3. Public Health shall coordinate with the emergency response employee and Designated Officer to assure that any necessary laboratory tests are performed, that initial counseling occurs, and that follow-up will be assured through the employer's designated health care provider.

D. Provider agencies shall maintain a Designated Officer to respond to employee inquiries regarding possible infectious disease exposures and to coordinate with hospitals, the Health Department, and coroner as indicated. Designated Officers may refer to the health officer cases where there has been insufficient information to make a determination that an employee was "exposed."

E. PRC personnel and/or Designated Officers may request that the Health Department evaluate the possible exposure, notify the emergency response employee, and/or provide other technical assistance.

References:

Centers for Disease Control. “Update: Provisional Public Health Service Recommendations for Chemoprophylaxis After Occupational Exposure to HIV.” MMWR 1996; 45: 468-472 (June 7, 1996).

Centers for Disease Control. “Case-Control Study of HIV Seroconversion in Health-Care Workers After Percutaneous Exposure to HIV-Infected Blood - France, United Kingdom, and United States,” January 1988 - August 1994. MMWR 1995; 44: 929-933 (December 22, 1995).

Orange County Health Care Agency. "Guidelines for the Evaluation and Follow-up of Selected Communicable Diseases," 1991.

Gerberding JL: Management of occupational exposures to blood-borne viruses. N Engl J Med 1995;332;444-451.

Menzies D, Fanning A, Yuan L, et al: Tuberculosis among health care workers. N Engl J Med 1995;332:92-98.

ORANGE COUNTY PUBLIC HEALTH COMMUNICABLE DISEASE EXPOSURE TRANSMITTAL FORM

DATE OF EXPOSURE: _____ TIME: _____
NAME: _____ OCCUPATION: _____
HOME PHONE NUMBER: _____
EMPLOYER:: _____
WORK PHONE NUMBER: _____

EXPOSURE MECHANISM: -_____
_____
EXPOSURE TYPE: Please check box which best describes body fluids involved and nature of exposure:

BODY FLUID

- ❑ BLOOD
- ❑ SALIVA
- ❑ AMNIOTIC FLUID
- ❑ SPUTUM
- ❑ FECAL MATTER
- ❑ RESPIRATORY
- ❑ OTHER, PLEASE DESCRIBE

TYPE OF EXPOSURE

- ❑ NEEDLE STICK
- ❑ OPEN WOUND
- ❑ MOUTH
- ❑ EYES
- ❑ OTHER, PLEASE DESCRIBE

EXPOSED TREATED/EVALUATED: ❑ NO ❑ YES. IF YES, PLEASE DESCRIBE (I.E., VACCINES, ANTIBIOTICS, BASELINE HIV, ANTI-HBV) _____
PLACE OF TREATMENT: _____
_____

SOURCE PERSON

NAME: _____ DOB: _____ SEX ❑ M ❑ F
ADDRESS: _____ TELEPHONE: _____
RACE: ❑ WHITE❑ BLACK ❑ HISPANIC/LATINO ❑ ASIAN ❑ OTHER
RECEIVING HOSPITAL NAME: _____

PAST MEDICAL HISTORY	NO	YES	PMD
HX IVDU	❑	❑	
HX HEPATITIS B	❑	❑	
HX STD'S	❑	❑	
COMMUNICABLE DISEASES	❑	❑	❑ LIST (I.E., MENINGITIS, TB, ETC.) _____

OTHER PERTINENT INFORMATION : _____
DIAGNOSIS SUSPECTED: _____
DIAGNOSIS CONFIRMED: _____
LAB TEST/FINDINGS: _____
HEP B RESULTS: _____
SOURCE DISPOSITION: ❑ ADMITTED ❑ DISCHARGED❑ OTHER
❑ IN CUSTODY❑ TRANSFERRED _____

PLEASE FAX REPORT FORM WITHIN 24 HOURS OF EXPOSURE TO

County of Orange Health Care Agency / Employee Health Services
600 W. Santa Ana Blvd. - Suite 405
SANTA ANA CALIFORNIA 92701
ATTN.: OCCUPATIONAL EXPOSURE NURSE
FAX (714) 565-3788

ONCE DIAGNOSIS CONFIRMED, PLEASE UPDATE AND FAX COPY TO PUBLIC HEALTH DEPARTMENT AT NUMBER ABOVE FOR FOLLOW-UP.
REPORT COMPLETED BY: _____

PRC COMMUNICABLE DISEASE EXPOSURE GUIDELINES FOR PREHOSPITAL CARE PERSONNEL
FLOW CHART

PREHOSPITAL CARE PROVIDER

1. ON SCENE WITH SUSPECTED **"EXPOSURE"** TO INFECTIOUS DISEASE
2. DELIVER PATIENT TO PRC AND REPORT SUSPECTED EXPOSURE TO EMPLOYER'S DESIGNATED OFFICER. REGISTER FOR EVALUATION AND TREATMENT AS ADVISED
3. COMPLETE PUBLIC HEALTH CD TRANSMITTAL REPORT FORM. GIVE FORM TO PRC MD OR EMPLOYER'S DESIGNATED OFFICER

P R C

1. REGISTER EMERGENCY RESPONSE EMPLOYEE AS ED PATIENT
2. EVALUATE
   A. If no exposure - discharge
   B. If exposure suspected
      - PROVIDE TX PROPHYLAXIS AND/OR COUNSEL
      - COMPLETE PH CD TRANSMITTAL REPORT FORM
      - FAX REPORT FORM TO PUBLIC HEALTH
      - DISCHARGE PREHOSPITAL CARE PROVIDER TO FOLLOW-UP WITH DESIGNATED OFFICER
      - SUBMIT PREHOSPITAL COPY TO HOSPITAL EPIDEMIOLOGIST (OR DESIGNEE)
3. (IN SOME CASES, EMPLOYER DESIGNATED OFFICER MAY EVALUATE POSSIBLE EXPOSURE AND DETERMINE ACTION PLAN.)

PUBLIC HEALTH

1. REVIEW REPORT
2. CONTACT EMERGENCY RESPONSE EMPLOYEE
3. COORDINATE TX AND FOLLOW-UP CARE WITH EMERGENCY RESPONSE EMPLOYEE AND EMPLOYER'S DESIGNATED OFFICER