



## ERC COMMUNICABLE DISEASE EXPOSURE GUIDELINES FOR PREHOSPITAL CARE PERSONNEL

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### 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, Emergency Receiving Center (ERC) 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:

**"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.

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

**"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.

**"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.

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

**"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 anthrax (cutaneous), diphtheria, hepatitis B, hepatitis C, HIV including AIDS, measles, meningococcal disease, mumps, novel influenza A and other influenza strains with pandemic severity index greater than or equal to 3, pertussis, plague (pneumonic), rabies, rubella, severe acute respiratory syndrome (SARS-CoV), smallpox, tuberculosis, vaccinia, varicella disease, viral hemorrhagic fevers, and select agents( Reference <http://www.cdc.gov/niosh/updates/upd-11-02-11.html> ).

### IV. PROCEDURE:

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- A. Emergency response employees who believe they have been exposed to an infectious disease listed above 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, who will determine whether an exposure may have occurred and, if that is the case, submit a request for assessment to the Emergency Receiving Center (ERC) that receives the patient, or, if the patient is pronounced dead in the field, to 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 ERC where the source patient was received.
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 ERC the Designated Officer shall make appropriate inquiries to the ERC.
- B. ERCs 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 potentially life-threatening infectious diseases, including reporting the later diagnosis of airborne infectious diseases. Note: the reporting of exposures outlined below does not replace legally mandated reporting by health care providers of reportable diseases under the California Code of Regulations, Title 17, Section 2500 (see <http://ochealthinfo.com/phs/about/dcepi/epi/physprov/report> for list of reportable diseases)
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 Health Care Agency (HCA) Employee Health Services if an exposure to a potentially life-threatening infectious disease has occurred(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 HCA Employee Health Services for follow-up care, or the update can be telephoned directly to the HCA Employee Health Services (714) 565-3780. This is a 24-hour message line.
  3. In the case of reportable communicable diseases, HCA Employee Health Services shall coordinate with HCA Epidemiology, 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. HCA Epidemiology does not follow-up on blood-borne pathogen exposures.
- C. 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 (Health Department) case

