

TITLE: SIGNIFICANT EXPOSURE REPORTING FOR AMADOR COUNTY

APPROVED: <u>SIGNATURE ON FILE IN EMS OFFICE</u> Executive Director	CREATION DATE: <u>10/01/94</u> EFFECTIVE DATE: <u>4/2005</u> SUPERSEDES: <u>5/1998</u> REVISED: <u>4/2005</u>
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SIGNIFICANT EXPOSURE REPORTING FOR AMADOR COUNTY

1. AUTHORITY

Division 2.5, California Health and Safety Code, Sections 1797.186, 1797.188, 1797.189, 1797.200.

2. DEFINITION

A. "Prehospital Emergency Medical Care Personnel" means any First Responder, EMTs, Paramedics, RNs, or Physicians who functions as a part of the EMS system. those persons who have been certified as qualified to provide prehospital emergency medical care pursuant to Division 2.5, California Health and Safety Code.

B. "Reportable disease or condition" or "a disease or condition listed as reportable" means those diseases prescribed by Subchapter 1 (commencing with Section 2500) of Chapter 4 of Title 17 of the California Administrative Code, as may be amended from time to time.

C. "Exposed" means at risk for contracting a disease, as defined by regulations of the State Department of Health Services.

D. "Health Facility" means a health facility, as defined in Section 1250, California Health and Safety Code, including a publicly operated facility.

E. "Provider Agency" means an Agency that provides Prehospital Emergency Medical Care.

F. Significant Exposure is defined as an unprotected exposure to blood or; body fluid secretions or airborne or droplet contact.s or secretions.

3. PURPOSE

To provide a procedure by which the above sections of the law can be fulfilled, should a prehospital emergency medical care personnel be exposed to a reportable communicable disease.

4. POLICY

- A. Each health facility shall develop and implement a policy for notifying the county health officer of significant exposures to prehospital emergency medical care personnel.

5. PROCEDURE

- A. Prehospital emergency medical care personnel who suspect that they have been significantly exposed to a patient shall immediately notify their appropriate provider agency representative and shall complete and submit a "Significant Exposure Report Form" (See example of Form attached to this policy). A separate form must be completed for each exposed person.

1. To determine if a Prehospital Emergency Medical Care Provider has had an unprotected exposure ask:

- a) If disease is airborne; was the responder near the patient without a mask; or
- b) If bloodborne or body fluid; did the fluid enter the responders body by:
- 1) needlestick,
 - 2) laceration by contaminated object,
 - 3) mucus membrane or eyes, or
 - 4) open wound

- B. The Significant Exposure Report Form shall be submitted to the health facility or Chief Medical Examiner/Coroner (if the patient is deceased) at the time of delivery of the patient. The transporting ambulance personnel shall assure that this form is delivered to the receiving facility in a timely manner. The completion of this form is the responsibility of the person/agency requesting notification.

- C. A physician at the receiving facility shall determine whether there has been significant exposure to the prehospital personnel and shall document his certification on the Significant Exposure Report form. If it is determined that the patient has a communicable disease, the receiving facility and/or the health department will notify the prehospital personnel of the exposure.

1. Prehospital personnel should contact the Amador County health department within forty-eight (48) hours of the incident to ensure that the process has been started.

- D. Upon certifying a significant exposure, the receiving facility shall submit the designated completed copy of the "Significant Exposure Report Form" to the county health officer or

his/her designee.

E. Prehospital personnel may seek prophylactic medical treatment and/or advice per their employer's policy. PAYMENT FOR ANY TREATMENT/TESTS IS THE RESPONSIBILITY OF THE EMPLOYING AGENCY. PAYMENT FOR MEDICAL EXPENSES SHOULD BE AVAILABLE THROUGH WORKERS' COMPENSATION INSURANCE.

~~F. F.~~—Nothing in this policy shall be construed to authorize the further disclosure of confidential medical information by the health facility or any of the prehospital emergency medical care personnel except as otherwise authorized by law.

ED: Please forward (fax) to Infection Control Immediately
Coroner: Please forward (fax) to Public Health

Reporting Agency: _____ Unit #: _____

Agency Contact Person (Designated Officer): _____ Telephone #: _____

Agency Address: _____

Form completed by: _____ Date submitted: _____

Date exposure took place: _____

Individuals exposed: _____ Nature of Exposure: (airborne or droplet or body fluid contamination)

Details of exposure: _____

Source Patient name: _____ Transported to: _____

For Hospital Use Only

No infectious disease documented as identified or suspected

Recommendations/Comments: _____

Follow-up with Public Health Department required: YES _____ NO _____

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Initial follow-up with reporting agency

Name of person notified: _____ Date: _____ Time: _____

Hospital Infection Control Practitioner (signature): _____ Date: _____

Deputy Coroner * (signature): _____ Date: _____

* If patient is deceased and not transported to health care facility.