

APPROVED: SIGNATURE ON FILE IN EMS OFFICE  
Executive Director  
  
SIGNATURE ON FILE IN EMS OFFICE  
Medical Director

EFFECTIVE DATE 05/2001  
SUPERSEDES:  
REVISED: 6/2008  
REVIEW DATE: 6/2013  
PAGE: 1 of 5

---

---

**SIGNIFICANT EXPOSURE REPORTING FOR STANISLAUS COUNTY**

I. **AUTHORITY**

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

II. **DEFINITION**

- A. “Prehospital Emergency Medical Care Personnel” means any First Responder, Emergency Medical Technician, Paramedic, Registered Nurse, Mobile Intensive Care Nurse or Physician who functions as a part of the EMS system.
- 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. “Health Facility” is any hospital authorized to receive patients from the EMS system.
- D. “Provider Agency” means an Agency that provides Prehospital Emergency Medical Care.
- E. “Significant Exposure” is defined as an unprotected exposure to blood or body fluid secretions or airborne or droplet contact.
- F. “Bystanders/Good Samaritans” is defined as someone who voluntarily helps someone else who is in distress

III. **PURPOSE**

To provide a procedure to be followed when individuals are exposed to blood or body fluids or a known communicable disease.

IV. POLICY

- A. Pre-hospital individuals shall have access to appropriate follow-up information after reporting a potential significant exposure.

V. PROCEDURE

- A. Prehospital emergency medical care personnel who suspect that they have had a significant exposure shall immediately notify their appropriate supervisor and the emergency department of the receiving health facility and shall complete and submit a "Significant Exposure Reporting Form" (See example of Form attached to this policy). A separate report form must be completed for each agency. This form should also be used for bystanders/Good Samaritans who have a possible significant exposure.

1. Examples of exposure may include the following:

- a) Close proximity to suspected tuberculosis without a protective mask, or
- b) Close proximity to suspected meningitis without a protective mask, or
- c) Blood or body fluid entering the responder's body by:
  - 1) needle stick,
  - 2) laceration by contaminated object,
  - 3) mucous membrane or eyes, or
  - 4) open wound or non-intact skin (e.g. rash from poison oak)

- B. The Significant Exposure Reporting Form shall be submitted to the health facility receiving the source patient as soon as possible or to the Chief Medical Examiner/Coroner at the time of delivery of a deceased person. The completion of this form is the responsibility of the person/agency requesting notification.

- C. Timely delivery of this form to the Emergency Department receiving the source individual and the health facility treating the exposed individual may be accomplished in the following manner:

- 1) In person by the transporting ambulance personnel,
- 2) By faxing it to the receiving and treating facility (alert the receiving and treating facility ED prior to faxing), or
- 3) It may be hand delivered by the reporting party/ agency.

- D. Once a Significant Exposure Reporting Form has been received by a health care facility (or the Chief Medical Examiner/Coroner in the event of a death), the health care facility will engage all appropriate internal policies and procedures dealing with significant exposures. The health care facility will follow-up with the reporting party/agency as soon as possible.

- E. Prehospital personnel should seek prophylactic medical treatment and/or advice per their agency/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.** Bystanders/Good Samaritans will be responsible for their own medical costs

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



# Mountain-Valley

## Emergency Medical Services Agency

*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:  
(contamination)

Nature of Exposure: (airborne or droplet or body fluid)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 \_\_\_\_\_

### 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.

## Facility Phone Numbers

<b>Hospital</b>	<b>ED Phone</b>	<b>ED Fax</b>	<b>Infection Control Phone</b>	<b>Infection Control Fax</b>
<b>DMC</b>	<b>576-3883</b>	<b>576-3927</b>	<b>576-3793</b>	<b>576-3910</b>
<b>EMC</b>	<b>664-2790</b>	<b>664-2797</b>	<b>664-2606</b>	
<b>MMC</b>	<b>569-7600</b>	<b>571-3342</b>	<b>526-4500 (x 6083/6821)</b>	<b>572-7017</b>
<b>OVHD</b>	<b>848-4144</b>	<b>847-6920</b>	<b>848-5327</b>	<b>845-9160</b>
<b>Stanislaus County Health Department</b>			<b>558-5678</b>	