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EMERGENCY MEDICAL SERVICES POLICIES and PROCEDURES

COMMUNICABLE DISEASE EXPOSURE PROTOCOL FOR EMERGENCY RESPONDERS

- I. Purpose:** To provide guidelines for EMS and Public Safety First Aid (law enforcement, lifeguards, etc.) personnel exposed to blood, airborne biological agents, or other potentially infectious material. It is the employer's responsibility to insure all applicable State and Federal laws and regulations are adhered.
- II. Authority:** California Health and Safety Code, Division 105, Chapter 3.5, Sections [120260-120263](#); [121050-121070](#), [120980](#) California Health and Safety Code, Division 2.5, Chapter 3, Sections [1797.188](#) - [189](#), California Code of Regulations, Title 8, Section [5193](#) and [5199](#).
- III. Definitions:**
- A. *Aerosol transmissible disease (ATD) or aerosol transmissible pathogen (ATP):* A disease or pathogen for which droplet or airborne precautions are required such as tuberculosis (TB), Severe Acute Respiratory Syndrome (SARS), and pertussis.
 - B. *Airborne infectious disease (AIRD):* 1) An ATD transmitted through dissemination of airborne droplet nuclei, small particle aerosols, or dust particles; 2) a novel (unknown ATP) disease process suspected of being transmitted as above.
 - C. *Attending physician of the source patient:* Any physician or surgeon who provides health care services to the source patient.
 - D. *Available blood or patient sample:* Blood, other tissue, or material legally obtained in the course of providing health care services and in the possession of the physician or other health care provider of the source patient prior to the release of the source patient from the physician's or health care provider's facility
 - E. *Certifying physician:* Any physician consulted by the exposed individual for the exposure incident.
 - F. *Communicable disease:* Any disease that is transferable through an exposure incident, as determined by the certifying physician.
 - G. *Designated officer:* An official or officer designated by the prehospital emergency medical services provider or private ambulance company. This person is responsible for coordinating communicable disease exposure and testing procedures for the EMS personnel.
 - H. *Exposed individual:* Any individual health care provider, first responder, or any other person, including, but not limited to, any employee, volunteer, or contracted agent of any health care provider, who is exposed, within the scope of their employment, to the blood or other potentially infectious materials of a source patient.
 - I. *Exposure certification:* A determination by the certifying physician on the exposure's significance.
 - J. *Health facility infection control officer:* The official or officer who has been designated by the health facility to communicate with a designated officer, or his or her designee.
 - K. *Legal representative:* For purposes of giving consent to communicable disease testing, whenever the word "source patient" is used herein, it shall also be deemed to mean the

APPROVAL:

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source patient's legal representative.

- L. *Personal Protective Equipment (PPE)*: Specialized clothing or equipment worn by personnel for protection from exposure to blood or other potentially infectious material. See "universal infection control precautions."
- M. *Significant exposure*: Direct contact with blood or other potentially infectious materials of a patient in a manner that is capable of transmitting a communicable disease.
- N. *Source patient*: Any person receiving health care services whose blood or other potentially infectious material is the source of a significant exposure to prehospital care personnel.
- O. *Standard Precautions*: A combination of the major features of Universal Precautions and Body Substance Isolation based on the principle that all blood, body fluids, secretions, excretions except sweat, non-intact skin, and mucous membranes may contain transmissible infectious agents.
- P. *Universal Infection Control Precautions*: A method of infection control in which human blood and certain human body fluids are treated as if known to be infectious for blood borne pathogens.
- Q. *Urgency reporting requirement*: A disease required to be reported immediately by telephone or reported by telephone within one working day pursuant to subdivisions (h) and (i) of Section 2500 of Title 17 of the California Code of Regulations.

IV. Policy:**A. Principles**

1. EMS personnel must observe "body substance isolation" in situations where there is a potential for contact with blood, body fluids, or other potentially infectious material.
2. EMS personnel are frequently at risk for exposure to blood and other potentially infectious materials of patients whose communicable disease infection status is unknown. Under certain conditions, EMS personnel who experience a significant exposure to these substances may learn the communicable disease infection status of the source patient.
3. Early knowledge of infection with a communicable disease is important to allow exposed persons to make informed health care decisions and take measures to reduce the transmission of the infection to others.
4. A health care provider shall not draw blood, or a patient sample, for the sole purpose of communicable disease testing, if the source patient refuses communicable disease testing.
 - a. If the source patient's communicable disease status is unknown, and the patient refuses communicable disease testing; only available blood or patient sample may be tested for any communicable disease.
 - b. California law prohibits an exposed individual from attempting to directly obtain informed consent to communicable disease testing from a source patient.

B. Designated Officer

1. EMS provider agencies must appoint a designated officer. The designated officer, or his or her designee, shall be available either onsite or on call 24 hours per day as determined by the EMS Provider.
2. An employer of prehospital emergency medical care personnel that maintains an internet web site shall post the title and telephone number of the designated officer or the facility's infection control officer in a conspicuous location on its internet web site accessible from the

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home page.

C. Infection Control Officer

1. The health facility infection control officer, or his or her designee, shall be available either onsite or on call 24 hours per day as determined by the health facility.
2. A health facility that maintains an internet web site shall post the title and telephone number of the infection control officer in a conspicuous location on its internet web site accessible from the home page.

V. Procedure:

A. Evaluation and Certification of an Exposure

1. In the event of an exposure to blood or other potentially infectious material of a patient, exposed EMS personnel are to follow their provider agency's post-exposure protocol, including the completion of the Policy 506 Attachment, Communicable Disease Exposure and Notification Form, or the equivalent.
 - a. The exposed individual shall make a written request for exposure certification within 72 hours of the exposure and a physician should promptly evaluate the exposure.
 - b. No physician or other exposed individual shall certify their own exposure; however, an employing physician may certify the exposure of one of their employees.
 - c. **EMS personnel with a significant exposure should seek medical evaluation and treatment immediately.**
 - d. The physician shall provide written certification of the exposure's significance within 72 hours of the request. The certification shall include the nature and extent of the exposure.
2. When a health facility diagnosis a reportable communicable disease, and it is possible that EMS personnel were exposed, the health facility infection control officer shall notify:
 - a. The exposed EMS provider's designated officer; and,
 - b. The Santa Barbara County Public Health Department via CalREDIE or by dialing (805)-681-5280 (24/7).

VI. References:

- A. [California Occupational Safety and Health Standards Exposure Control Plan for Bloodborne Pathogens \(2001\)](#)
- B. [Ryan White HIV/AIDS Treatment Modernization Act of 2006](#)
- C. U.S. Department of Labor-Occupational Safety and Health Administration Bloodborne Pathogens Standard [1910.1030 6-8-2011](#)
- D. Code of Federal Regulations, Title 45, Section [164.512.b.4](#) (October 2007)

VII. Attachments:

- A. None

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